

HERTFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

ON

SCHOOL HEALTH

OF

HERTFORDSHIRE

for the year

1956

By

J. L. DUNLOP,

M.D., D.P.H., D.T.M. & H.

Principal School Medical Officer.

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SCHOOL HEALTH

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COUNTY HALL,
HERTFORD.

May, 1957.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present my seventeenth Report as Principal School Medical Officer.

On page 7 there is a reference to the retirement of Dr. Malcolm Gross after thirty years' service in Hertfordshire as Medical Officer of Health in the Dacorum area. During many of these years he also served the County Council—as an Assistant Medical Officer in pre-war years and, later, as Divisional Medical Officer. Dr. Gross was liked by all who knew him and we wish him happiness in his retirement.

It is with great regret that I have to record the death of a senior member of my staff—Mr. Wilson, the County Dental Officer. Arthur Wilson joined the staff as an Assistant Dental Officer in 1929 and was promoted to County Dental Officer in 1939. Of a retiring disposition in his social life he was extremely zealous for the good name of the School Dental Service, and unsparing in his efforts to build it up to a high standard. It was a great grief to him that the advent of the war in the first instance and—later—the National Health Service, denied him the chance to realize his dreams. After some months of effort to ignore his obviously failing health, he was prevailed upon to go off duty in August, 1956. He died on 17th April, 1957.

An interesting addition to the staff—that of Consultant Audiologist to the Tewin Water School for the Partially Deaf—was agreed in 1956 and Mr. J. Chalmers Ballantyne, F.R.C.S., of the Audiology Unit, Gray's Inn Road, was selected in the spring of 1957. His appointment has served to promote our already valuable association with the Audiology Unit. There is no doubt whatsoever about the wisdom of this appointment from the County standpoint and it is gratifying to learn from Mr. Ballantyne that he, in turn, is confident that Tewin Water School will offer to him a new and valuable field of experience.

It is fitting that I should here acknowledge my indebtedness to Dr. C. S. Hallpike, of the Otology Research Unit, National Hospital, Queen Square. When it was suggested that there should be a Consultant, Dr. Hallpike (who, for many years, had unofficially advised me on the diagnosis and education of the more complicated cases with hearing disabilities) was asked whether there was scope for an appointment of this kind. After a visit to the School, he was emphatic that we should try to find a Consultant who was not only a good clinician but one who was interested in the educational problems of the deaf.

On page 22 there is a short reference to children handicapped by cerebral palsy. The recent quickening in public interest in the special problems of these children is well known. We are fortunate in Hertfordshire in being able to send children to a Cerebral Palsy Training Centre in London. One was impressed, on visiting this Centre, to find how often the outlook for cases was improved if treatment had been started as soon as the diagnosis was made. As a result, Dr. and Mrs. Bobath (who run the Training Centre) were invited to lecture to the School Medical Officers and, later, to the Health Visitors on the early recognition of cerebral palsy.

The word “spastic” is often used as if it described a well-defined condition. This, of course, is not so. Spasticity of muscles is often merely one of many manifestations of a physical or mental disability and it is important that we should know as early and precisely as possible how far the spasticity is the dominant element in his condition; and, if so, how far it is amenable to treatment. This decision, in many cases, calls for prolonged skilled and detailed

observation in a residential institution, under the direction of an experienced Orthopædic Surgeon, who has all the resources of his art at his command, but who is prepared also to confer with the Pædiatrician, the Psychiatrist, and the Educationalist before arriving at a decision as to the line of treatment which is going to benefit the child most. In my judgment, no individual doctor should be expected to make this decision without such help, and valuable years may be lost if a spastic child is left under the care of a specialist whose judgments are limited by the bounds of his specialty.

Here, too, we are fortunate in having on our County boundary the Alexandra Hospital, at Luton, which has in recent years developed into a unique and invaluable combination of Hospital, Hospital School, and Diagnostic Unit for complicated orthopædic cases. Each of its activities enhances the value of the others. The Medical Superintendent "works in" happily with the Local Education Authority and the Pædiatricians in the County. Many of the County cases, admitted as long-stay patients, return to their homes at the week-ends—an arrangement which, with many other advantages, ensures an understanding co-operation between the Hospital and the parents and which avoids creating yet another group of "hospitalized" children.

The report of Dr. R. E. Lucas (the Medical Director of the Child Guidance Service), on page 28, is of particular interest. In it she refers to a rather unexpected development. The time spent in advising others concerned with the welfare of children is making serious demands on the Clinic staff. There is no suggestion that this is not a legitimate function of the Clinic or that the time is wasted. Indeed, it is recognized that this development is the outcome of many years of indirect education through the medium of the very full and detailed reports made by the Clinic to those who have referred cases and who are now in consequence able to detect and anticipate the early evidences of maladjustment. For many years, the long waiting-lists of the Child Guidance Service have been the subject of criticism, but Dr. Lucas has resolutely refused to reduce the standard of her investigations or reports. It may be that, by doing so, she has created a body of intelligent and understanding people, which may in time help to reduce the load which is at present hampering the efficiency of the Service.

I have already had talks with Dr. Lucas to see how this potential body of auxiliaries to her service can be nurtured and given further guidance while the original and still important function of the Clinics is maintained.

The preface to my 1955 Report concluded with some thoughts on the future of the whole range of the Mental Health Services, which Dr. Lucas has used to provide the "texts" for her examination of the Child Guidance Service. My idea at that time was that one might attach to our Maternity and Child Welfare Service a Practising Psychiatrist who would hold periodic group discussions with Doctors, Health Visitors, and mothers at the larger Infant Welfare Centres throughout the County in the hopes that, in this way, incipient abnormalities might be detected and, if possible, corrected. Since then, it has been realized that this idea called for the enthusiasm and energy of a young person and for the wealth of experience and mature judgment of a Senior Psychiatrist—an improbable combination. Other ideas are now under discussion.

As always, I have to thank the members of my staff—both professional and lay—for their contribution to the preparation and production of this Report.

I am, Ladies and Gentlemen,

Your obedient servant,

J. L. DUNLOP,

Principal School Medical Officer.

SCHOOL REPORT FOR 1956

SCHOOL MEDICAL AND DENTAL STAFF at 31.12.56

A. WHOLE-TIME STAFF.

Principal School Medical Officer.

Dunlop, J. L., M.D., D.P.H. D.T.M. & H.

Deputy Principal School Medical Officer.

*Stewart, W., M.B., Ch.B., D.P.H.

Divisional School Medical Officers.

Dacorum Division.

Gross, M., M.B., B.S., D.P.H. (retired 1.9.56).

*Hynd, R. S., M.B., Ch.B., D.P.H. (1.12.56).

South-West Herts Division.

*Alcock, W., M.B., Ch.B., B.Hy., D.P.H.

St. Albans Division.

*Sleigh, J. C., M.B., Ch.B., D.P.H.

North-Herts Division.

*Walker, V. R., M.B., Ch.B., D.P.H.

Mid Herts Division.

*Taylor, G. R., M.B., B.S., D.P.H.

School Medical Officers.

*Allinson, R. M., M.B., Ch.B., D.P.H.

*Barasi, F., M.R.C.S., L.R.C.P., D.P.H.

Colman, B., M.R.C.S., L.R.C.P.

*Cooper, R. S., M.B., B.S., D.P.H.

Crawley, J. E., M.D., Ch.B., M.R.C.P.(E).

*Harwood, M., M.B., D.P.H.

Jennings, E. M., M.B., Ch.B., D.R.C.O.G.

*Jones, E. M., M.B., Ch.B., D.P.H.

*Karpati, L., M.D.

MacRae, N., M.B., Ch.B., D.P.H.

*Miller, M. S., M.B., B.Ch., B.A.O., D.P.H. (resigned 22.11.56).

*Moynihan, S. J., M.R.C.S., L.R.C.P.

*Ormiston, H. E., M.B., B.S., D.P.H.

Orr, J. M. B., M.B., Ch.B. (26.11.56).

Pledger, R. G., M.B., B.S. (resigned 14.4.56).

Russell, J. D., M.B., B.S., D.P.H. (1.4.56).

Stevenson, J. A. M. M., M.R.C.S., L.R.C.P., D.P.H.

Tottle, J. A., M.B., B.S., D.P.H.

Walker, J., M.B., Ch.B., D.C.H.

Ward, M., M.B., Ch.B., D.P.H.

Watkins, M. E., M.B., B.S.

B. PART-TIME STAFF.

School Medical Officers.

Airey, S., M.B., Ch.B. (1.1.56).

Garratt, C. D., M.B., B.S., M.R.C.P.

Gregory, J. C., M.R.C.S., L.R.C.P.

Hillis, C. R., M.B., B.Ch., B.A.O.

Milne, J. D., M.B., Ch.B. (1.6.56).

Mortis, R. H., M.R.C.S., L.R.C.P.

Nunn, J. A., B.M., B.Ch. (Oxon).

Outram, M. I., M.B., Ch.B., D.P.H.

Porter, A. S., M.R.C.S., L.R.C.P. (resigned 11.12.56).

Scott, C. M., M.R.C.S., L.R.C.P.

Symonds, W., M.B., B.S., D.C.H.

Tresilian, K. E., M.B., B.S.

County Ophthalmic Officer (Honorary).

Kathleen F. Matthews, M.R.C.S., L.R.C.P., D.O.M.S., D.P.H.

* Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

C. DENTAL STAFF.

Principal School Dental Officer.

Wilson, A. C., L.D.S., R.C.S.Eng.

Orthodontist.

Daplyn, R. G., L.D.S., R.C.S.Eng. (part-time).

School Dental Officers (whole-time).

Franklin, J., L.D.S., R.C.S.Eng. (from Dec., 1956).

Hastilow, M. J., L.D.S., R.C.S.Eng. (from Dec., 1956).

Lindsay, G., L.D.S., R.C.S.Eng.

Wilson, J. M., L.D.S., R.C.S.Eng.

School Dental Officers (part-time).

Akester, K. J. P., L.D.S.Eng., B.D.S.Lond. (to Oct., 1956).

Allen, L. P., L.D.S., R.C.S.Eng. (from Oct. to Nov., 1956).

Allsopp, M. H., L.D.S.St.And. (to March, 1956).

Antscherl, F. W., L.D.S., R.C.S.Eng. (from Oct., 1956).

Bergman, V., L.D.S.Eng., B.D.S.Lond. (from Nov., 1956).

Blatt, J., L.D.S.Eng., B.D.S.Lond. (to July, 1956).

Blatt, M. E., L.D.S.Eng., B.D.S.Lond. (to July, 1956).

Brookman, D. J., L.D.S.Eng., B.D.S.Lond. (from Jan. to Oct., 1956).

Catchpole, O. N., L.D.S., R.C.S.Eng.

Dirkin, R. F., L.D.S.Durh.

Edwards, J. M., L.D.S.Eng., B.D.S.Lond.

Ewart, L. M. J., L.D.S.L'pool.

Farrelly, B. J., B.D.Sc.Qld. (to May, 1956).

Fisk, S. W., L.D.S., M.R.C.S., L.R.C.P.

Fox, J., L.D.S., R.C.S.Eng. (from Dec., 1956).

Greenfield, D. G., L.D.S., R.C.S.Eng.

Holford, D. A., L.D.S., R.C.S.Eng. (from March to June, 1956).

Holgate, D. J., L.D.S.Eng., B.D.S.Lond. (from Jan., 1956).

Hopkinson, J. G., B.D.S.L'pool.

Jaks, H. M., L.D.S., R.C.S.Eng. (from June, 1956).

Lee, J., L.D.S.L'pool (to July, 1956).

Lole, K. B., L.D.S., R.C.S.Eng.

Miller, A. H. J., L.D.S., R.C.S.Eng.

Mountford, D. S., L.D.S.L'pool.

Nelson, J. G., L.D.S., R.C.S.Eng. (to May, 1956).

Preedy, J. M., L.D.S.Durh.

Rabson, R. P., L.D.S., R.C.S.Eng.

Rosenkranz, P. H., L.D.S., R.C.S.Eng.

Ryan, D. J. C., L.D.S.Eng., B.D.S.Lond. (from April to Nov., 1956).

Scott, G. E., L.D.S., R.C.S.Eng.

Smith, B. D., L.D.S., R.C.S.Eng.

Smith, C. W., L.D.S.Sask.

Smith, T. M., L.D.S., R.C.S.Eng.

Eighteen Dental Attendants were employed to assist the Dental Officers at clinics and School Inspections.

D. SCHOOL NURSING STAFF.

County Nursing Officer.

Miss V. M. King, S.R.N., S.C.M., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South and East Herts.

Miss M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

*Divisional Nursing Officers.**Dacorum Division.*

Miss A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N.

St. Albans Division.

Miss M. N. Blandish, S.R.N., S.C.M., H.V., Q.N.

North Herts Division.

Miss D. E. Tate, S.R.N., S.C.M., H.V., Q.N. (resigned 28.11.56).

Miss S. H. Kestin, S.R.N., S.C.M., H.V., Q.N. (26.11.56).

Mid Herts Division.

Miss G. G. Gladwin, S.R.N., S.C.M., H.V.

South-West Herts.

Miss N. S. Teed, M.B.E., S.R.N., S.C.M., H.V.

There are 85 County Health Visitors and School Nurses and 39 District Nurses who do School Nursing.

E. MEDICAL AUXILIARY STAFF.

Orthoptists (whole-time).

*Mrs. B. Bellerby.

*Miss A. J. Davie.

Orthoptists (part-time).

*Mrs. G. H. Boardman (1.5.56).

*Mrs. P. Forbes (resigned 31.1.56).

*Miss G. Solomon.

*Mrs. F. B. Wormald (17.1.56).

* Diploma British Orthoptic Board.

Senior Speech Therapist (part-time).

†Mr. Leonard A. Willmore.

Speech Therapists.

†Miss B. J. Bentley.

†Miss V. Cook.

†Miss G. Farmer.

†Miss D. M. Robinson.

†Mrs. N. M. Smits.

† Licentiate College of Speech Therapy.

STAFF.

From the details on the previous pages, it will be seen that there have been few changes during the year.

Medical.—Dr. Gross, who had been Medical Officer of Health to the County Districts in the Dacorum area since 1927 and Divisional Medical Officer since 1948, retired in September. He was succeeded by Dr. Hynd from the West Riding of Yorkshire.

Two of the full-time Assistant Medical Officers, Doctors Miller and Pledger, resigned and were replaced by Doctors Orr and Russell. During 1957, it will be necessary to increase the number of full-time staff to meet the needs of the bigger population.

Dental.—The number of full-time staff remained at two for most of the year, but in the latter months two officers offered their services for the period during which they were awaiting recruitment into the Forces. It was still only with the help of the sessional work of a number of private practitioners that even a skeleton service could be provided in Hertfordshire.

Orthoptic.—The shortage of Orthoptists continued and it was not possible to meet requirements, particularly in the North Herts area. At the end of the year there was the equivalent of three whole-time officers ($2\frac{5}{11}$ at the end of 1955).

Nursing.—The number of nursing staff desired could not be recruited. The scheme whereby nurses who wish to train to become Health Visitors can obtain monetary grants on condition that they worked for a time in this County did help to lessen the difficulties in this field.

MEDICAL INSPECTIONS.

The average number of scholars on the school roll increased from 98,000 to approximately 105,000 but the number of medical inspections was at 40,876, 354 less than in 1955. This reduction in numbers and not the increase that

would have been expected was due to the other demands upon the time of the medical staff. The routine age groups examined continued to be the Primary school entrants, the 8-year-olds, the Secondary school entrants and leavers, with an additional examination of the 13-year-olds in some of the Grammar Schools. Nursery school children are also examined regularly.

Detailed statistical tables are given at the end of this Report.

There was a slight increase in the number of children seen at special inspections and reinspections.

Numbers seen at Special Inspections and Re-inspections.

<i>Specials.</i>	1956.	1955.
At School Medical Inspections	902	779
At Minor Ailment Clinics	1,998	2,084
At Ophthalmic Clinics	2,357	2,041
	<hr/>	<hr/>
	5,257	4,904
	<hr/>	<hr/>
<i>Reinspections.</i>		
At School Medical Inspections	21,991	19,563
At Minor Ailment Clinics	1,213	1,033
At Ophthalmic Clinics	8,377	8,276
	<hr/>	<hr/>
	31,581	28,872
	<hr/>	<hr/>

The members of the Assistant Medical Staff were asked to comment on various aspects of their work and some of their remarks are included in sections of this Report.

Physical Condition.—The physical condition of the school population continued to be very good. Only 1·4 per cent of those seen were recorded as being unsatisfactory. Complete comparison with previous figures is not possible, as the Ministry of Education altered their requirements from “good”, “fair”, and “poor” to “satisfactory” and “unsatisfactory”. However, this figure of 1·4 per cent “unsatisfactory” would compare very well with the 1·2 per cent in the “poor” category in 1955.

Dr. Colman found that “the general health and nutrition among the children continued to be high”.

Dr. Ormiston stated :—

“The health of the school children was again very good indeed. It was possible to confirm the findings of other observers that children tend to be generally heavier, and to mature earlier. The under-nourished child is now a much greater rarity than the grossly obese child, which is, in a sense, a much more difficult problem.”

Dr. Karpati drew attention to the growth of the children :—

“The height and weight of the children is steadily increasing. Puberty and menstruation commence a year or two earlier than at the time when I was a young doctor.”

As in the past the co-operation of parents was encouraged and the Medical Officers record how well they attended the medical sessions in the schools, even those for the older age groups, and it was heartening to find a large number coming to the “leaver” examinations to discuss the question of the pupils’ future and the suitability of the work which the boy or girl wished to take up when schooldays were over. Many parents attended too at the reinspections in some areas, as the Medical Officers there were of the opinion that it was valuable for both the parent and the doctor to discuss the “defects” together. The attendance of parents is of course more time-consuming, but it was felt that the advantages more than outweighed the disadvantages of a reduction in the number of children seen at the sessions. Dr. Stevenson added a very important comment on health education requirements.

“ I deplore the number of 12-year-old girls, about to menstruate, who have never had periods mentioned or explained by their mothers. It has recently been my practice to interview each mother of girls in this age group, separately, and to urge that they tackle the matter with their daughters. It is most distressing and frightening for a girl to start her periods without warning or with misleading knowledge from other girls. One in three of a recent series of over 100 girls had not been so prepared, and it was interesting to note that the mothers who had neglected this were often those who admitted their own periods had come as a great and often distasteful shock. To help those, I have been handing out a pamphlet put out by the Central Council for Health Education called ‘ Six Facts for Mothers of Teenage Girls ’, and these have been received with gratitude and relief. Sex Education in all its aspects should be primarily the responsibility of the parents, and the school doctor is in a unique position to help and advise them.”

The medical staff recorded the defects they found at the routine inspections to be already under treatment. The findings are shown in the table given below :—

Defect Code No.	Defect or Disease	Periodic Inspections							
		No. of Defects							
		Under treatment		Recom- mended treatment		Total		Placed under observation	
	(1)	(2)		(3)		(4)		(5)	
4	Skin	273	211	386	381	659	592	370	325
5	Eyes :								
	(a) Vision	1,640	1,283	1,347	1,335	2,987	2,618	2,109	1,896
	(b) Squint	365	342	216	199	581	541	296	234
	(c) Other	51	45	121	124	172	169	113	107
6	Ears :								
	(a) Hearing	29	32	39	61	68	93	254	272
	(b) Otitis Media	44	60	70	58	114	118	245	158
	(c) Other	11	17	41	44	52	61	68	52
7	Nose or Throat	311	332	407	559	718	891	1,815	1,313
8	Speech	84	56	142	164	226	220	292	307
9	Lymphatic Glands	43	31	77	119	120	150	589	389
10	Heart	28	44	35	53	63	97	451	379
11	Lungs	181	231	132	188	313	419	746	593
12	Developmental :								
	(a) Hernia	5	9	26	26	31	35	77	108
	(b) Other	43	43	110	111	153	154	543	488
13	Orthopædic :								
	(a) Posture	55	57	627	617	682	674	584	655
	(b) Feet	129	44	831	426	960	470	573	350
	(c) Other	198	252	344	726	542	978	837	846
14	Nervous System :								
	(a) Epilepsy	32	22	3	5	35	27	51	51
	(b) Other	48	38	27	37	75	75	164	156
15	Psychological :								
	(a) Development	90	36	74	69	164	105	524	470
	(b) Stability	99	73	78	122	177	195	648	509
16	Abdomen	25		37		62		118	
17	Other	70	130	79	130	149	260	321	378

(1955 figures in italics.)

A slightly higher percentage of most defects were receiving treatment than in 1955, but the numbers which were referred from inspections were still extremely large. These, however, as Dr. Walker mentions, were only the less severe defects.

Dr. Walker states : “ As in previous years, the impression gained at the medical inspections is that most children who have any serious physical defect are already under treatment from their own doctor, or a hospital department, when first seen at five years of age.”

Dr. Allinson comments : “ The proportion of defects already under treatment when discovered at medical inspection varies greatly from school to school, chiefly according to the social background of the children involved, i.e. on the whole according to the general intelligence of the parents and their readiness to take independent action where they suspect the health and welfare of their family may be involved . . . It is fairly common, at the examination of entrants, for a mother to state that, while she suspected treatment might be necessary, she was deferring this until the school inspection.”

Dr. Colman mentioned that : “ Visual defects are, of course, often detected by routine eye testing, and some children with quite severe defects have never sought advice, although they have themselves realized their eyesight had deteriorated.”

ORTHOPÆDIC DEFECTS.

The number of defects in this category continued to increase, being second to those of vision. More children than before were recorded with defects of the feet (960 for treatment and 573 for observation). They were mainly in the 8- and 12-year-old groups. Mention was made last year of the extent to which foot defects in the early years rectified themselves with the ordinary activities of life.

This is not always so, however, as children grow into adolescence, and their defects are frequently neglected. There is often no sense of urgency and little apparent need for action in the minds of the pupils and the parents. Many of the defects, once developed, are difficult to treat, and the exercises and other measures required are not always continued for the time necessary for cure. It was, therefore, pleasing to see that so many had been improved that only 83 children among the leaver group in 1956 required to be referred for the treatment of foot conditions.

Postural defects were also at a high level, with 682 children referred for treatment and 584 for observation. Again, most appeared to have improved by fifteen, though a somewhat greater proportion did still require attention then.

Dr. Harwood commented :—

“ Major orthopædic defects are treated early, and are already under treatment when children are medically examined in school. Minor orthopædic and postural defects are, however, rarely being treated when discovered in school, unless the condition has previously been discovered at the Welfare Clinic.”

Dr. Walker found in her area :—

“ Remedial exercises for the juniors after reference for treatment seem adequate, though the footwear worn by many children is still ill-chosen and badly fitting.”

Dr. Jennings drew attention again to the shoe problem :—

“ I was glad to notice that the heads of infants' schools in my area do not now insist on children wearing plimsolls, to preserve the school floors. In fact, many actually discourage it. They are willing to co-operate where lace-up shoes have been prescribed.”

It would appear that in most areas in the County the severer forms of orthopædic deformity were under the care of hospital or general practitioner, but Dr. Watkins mentions that in one new town at least difficulties can arise in trying to deal with the problem.

“ The extent to which orthopædic and postural defects are dealt with is disappointing. The Hitchin Hospitals, which serve both Hitchin and Stevenage, are obviously unable, with ever-increasing demands upon their resources, to deal with any but the more severe degrees of orthopædic and postural defects ; moderately severe and mild cases remain the responsibility of the school doctor and physical education specialist. The opening of a Remedial Centre is a very urgent need in Stevenage.”

The Remedial clinics have referred to them not only the minor orthopædic defects but also cases of Asthma and other conditions which would be improved by regular special exercises. Miss Howie, the Organizer of Physical Education, has kindly given me a short report on this work :—

“ While reports on Physical Education are given regularly to the Special Services Committee of the Education Committee, it might be of interest to include in this report an account of modern trends in physical education and their remedial effect on the child.

As conditions in the primary schools have improved, it has been possible to carry out a much wider programme. The daily lesson which took place in the playground, if weather conditions allowed, can now be taken regularly in the hall.

For these lessons the children take off most of their clothes and work with bare feet, which enables much more freedom and allows a teacher to see what is happening to their bodies as they move. The movements are unrestrained by clothing and so can be of a wider range and more varied and the feet can be used strongly with full contraction and extension.

To help further, apparatus has been provided. Small apparatus such as balls, hoops, canes, ropes, etc., to encourage practice in skills and co-ordination, and large apparatus such as frames, ladders, poles, and ropes to give the children opportunities for climbing, heaving, and hanging, so getting a full stretch of the spine and strong movements for the arms, trunk, and abdominal muscles.

The inclusion in nearly every school programme of games, swimming, and dance has added interest and given further opportunity for the development of mind and body.

There has been a marked improvement in general development during the last ten years and in building strong, supple bodies it is hoped that minor postural defects, so long as there is no other deciding factor such as under-nourishment or ill health, will gradually disappear.

In the secondary school, the work is in the hands of a specialist teacher and continues on the same modern lines—with the emphasis on strength, suppleness, and grace.

A watchful eye has to be kept on the adolescent boy and girl, because it is at this stage of quick growth and development that defects most usually occur. The physical education specialists are qualified to carry out exercises and treatment for such defects and the close co-operation between the medical officer and the teachers is of great value. The specialists, during their daily observation of classes can be very helpful to the doctors in assessing the first signs of strain or weakness.

The programme in the Secondary school now includes gymnastics, games, dancing, swimming, athletics, and health education, and the playing-fields and new gymnasias and changing rooms with showers and laundry give ample opportunity for a full programme to be carried out.

Special work is continued by the remedial organizer in eight clinics in the County, and 188 children are receiving treatment. These clinics deal mainly with asthmatic cases and with children who have difficulty in breathing due to chest or spinal deformities. Forty-nine breathing cases were discharged during the year as cured.

Talks have been given and films shown to health visitors, parents, and teachers and practical work has been demonstrated to parents. Regular

visits have been made to primary schools in Barnet, Watford, Oxhey, and Boreham Wood, and treatment given to minor cases.

The close co-operation between the health and physical education departments is of great importance and by working together teachers and doctors can do good work towards achieving positive good health for every child in the County."

EAR, NOSE, AND THROAT.

Although the total number of defects in the upper respiratory tract recorded was much the same as in 1955, many fewer were considered to require treatment.

Nasal catarrh was the predominant defect in the entrant group. Its prevalence, though fairly general, did seem greater in certain areas in the County.

Enlarged tonsils and adenoids were still common. The waiting time for operation varied in different parts of the County, though on the whole it appeared to be shorter than for some years. Many, of course, clear up in the course of time without operative treatment and, according to the Medical Officers, all urgent cases were dealt with.

Discharging ears were less common, and many of these were under treatment before being seen at school. However, it often happened that if the cases did not improve quickly, there was a tendency in some families to cease active treatment, and a chronic condition rather resistant to later treatment became superimposed.

Enlarged neck glands were not often seen, and tuberculous infection, the cause of this enlargement so often in the past, should, with the more satisfactory milk supply in the County, now cease to be a factor of importance.

Children with defective hearing continued to be found quite early in life, and if there was any local condition which appeared to require treatment, they were referred to their family doctor. There is excellent liaison with the National Hospital, Queen Square, and the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, and children whose condition might warrant special education are seen at one of these Hospitals.

SKIN DISEASES.

Although the actual number of skin conditions showed some increase during the year, there was little for comment. Impetigo was noted in a few schools where there had been outbreaks of nasal catarrh and colds, and there was a scattered incidence of plantar warts.

Dr. Allinson records from Watford : " There are still about ninety children with warts attending the School Clinic, although this is a reduction from the number, which was about 150, some months ago."

Towards the end of the year, there were some forty-five cases of " Athlete's foot " in a school in East Herts. The incidence was, according to the Head Teacher, greatest where the standards of personal hygiene were the highest. This condition does appear in a number of children in schools from time to time, but it can be brought under control fairly easily.

CLEANLINESS.

The school nurses have the authority to examine the person and clothing of the children in the schools and these hygiene inspections are carried out in most schools once a term. The children found to be " below standard " from this aspect are followed up by the nurse and the homes visited.

It will be seen in Table II that the number of children inspected dropped somewhat in comparison with 1955.

Cleansing Notices are served on the more recalcitrant parents, but it is pleasing to note that only six were necessary during the year. Verminous conditions were, on the whole, limited to a few families well known to the nursing staff.

One Medical Officer drew attention to “the large number of enuretic children and smaller number of children who soil,” and the problem from this still created in schools. She marvelled “at the patience displayed by the staff.”

VISION.

The following Table shows the work done in the School Ophthalmic Clinics :—

School Ophthalmic Clinics.

Centres	No. of Sessions	No. of Defects dealt with		No. of pupils for whom spectacles were prescribed	Attendances
		Errors of Refraction, including Squint	Other Defects		
<i>North Herts.</i>					
Hitchin	42	452	—	118	461
Stevenage	38	426	2	142	422
	80	878	2	260	883
<i>East Herts.</i>					
Hertford	84	733	—	304	1,069
Bishop's Stortford	41	230	—	120	389
Buntingford	10	116	—	40	126
Waltham Cross	39	471	2	285	759
	174	1,550	2	749	2,343
<i>Mid Herts.</i>					
Hatfield	39	334	—	180	474
Welwyn Garden City	42	387	2	217	646
	81	721	2	397	1,120
<i>St. Albans.</i>					
St. Albans	114	1,164	—	450	1,245
Harpenden	25	287	1	117	288
Boreham Wood	50	448	5	340	619
	189	1,899	6	907	2,152
<i>South Herts.</i>					
East Barnet	58	436	—	207	694
Barnet	39	385	1	250	520
	97	821	1	457	1,214
<i>South-West Herts.</i>					
Watford	235	1,742	39	628	1,915
Rickmansworth	23	236	13	75	245
	258	1,978	52	703	2,160
<i>Dacorum.</i>					
Berkhamsted	16	93	64	48	213
Hemel Hempstead	43	547	2	256	649
	59	640	66	304	862
Grand totals for the whole County	938	8,487	131	3,777	10,734

More defects were recorded under Vision than under any other category and, indeed, as Table III shows, they increased by approximately 12 per cent over the number in 1955.

The parents of these children were offered appointments at the Eye Clinics, though they were free to use the Supplementary Ophthalmic Service and there was little delay in the provision of the necessary treatment.

It is not always possible to be definite about the vision of the entrants, even with the various types of eye-testing cards used in Hertfordshire. The table shows the very large number of this group who were referred for "observation", to be tested again later.

The Medical Officers were asked to note the extent to which children wore the glasses prescribed, and it was agreed that the majority did. There were a few, noticeably in the Secondary Modern age-group, who persistently neglected to do so, apparently in some cases with the support of their parents. Dr. Allinson stated that :—

"The worst offender is the child who has more or less normal vision in one eye and a refractive error in the other, which may be correctible by a suitable lens. He often seems to prefer to use one eye only to wearing glasses which would enable him to use both.

The older girls, nowadays, do not show the same reluctance to wear glasses since these have become more decorative in style."

ORTHOPTIC SERVICE.

The shortage of Orthoptists continued and it was not possible to provide a service in the North Herts area after January or to serve some other parts of the County to the extent desired.

The position generally, apart from the north of Hertfordshire, was distinctly better than in 1955 with an increase of nearly 40 per cent in the number of sessions held. The orthoptists—living as they all do in North London or the southern fringe of the County—were unwilling to travel to Hitchin. There are waiting lists at Watford, Hemel Hempstead, and Welwyn Garden City, in addition to the demand remaining unfulfilled in the Hitchin area. Some children were sent by the Ophthalmic Surgeons from Hitchin and other towns in the north to Ware for attention.

The two whole-time and two of the part-time Orthoptists have given me reports on their work in 1956 and extracts are given below :—

Mrs. Boardman, Ware and Waltham Cross, draws attention to the importance of finding and treating children with squints within the first few years of life. She states : "The visual acuity in the squinting eye deteriorates very quickly, and it cannot be over-emphasized how much these children are handicapped, not only in their school years but in later life, especially in relation to the occupations from which they may be debarred, their danger in traffic, and their predicament should the remaining eye be temporarily or permanently affected by injury or disease."

Mrs. Bellerby.

St. Albans.—"This clinic has continued to run smoothly, and we have made quite a number of discharges which has been balanced by a steady flow of new patients.

Many children are attending for observation until they are sufficiently co-operative for treatment. In this way the vision is prevented from deteriorating, a major fact which should not be forgotten.

Also a great number are attending for observation, after having had treatment to make sure that they can maintain the standard reached with treatment.

The following Table shows the number of attendances at the Orthoptic Clinics during 1956 :—

Orthoptic Clinics

Centre	Sessions	ATTENDANCES FOR 1956				NUMBER DISCHARGED		Number of cases awaiting preliminary examination as at 31st December, 1956	Waiting list of new cases for regular treatment as at 31st December, 1956
		Pre-liminary	Treat-ment	Observa-tion	Total attendances	Improved or cured	Discontinued after treatment		
Watford . . .	330	146	1,075	1,231	2,452	52	18	23	5
St. Albans . . .	248	66	483	466	1,015	32	16	—	—
Hatfield . . .	115	47	171	270	488	21	11	—	—
Hemel Hempstead . . .	128	109	332	531	972	34	8	24	10
East Barnet . . .	48	23	144	112	279	9	6	—	2
Barnet . . .	174	57	395	322	774	17	23	—	—
Waltham Cross . . .	118	49	276	221	546	46	25	—	—
Ware . . .	120	95	227	292	614	29	30	—	—
Hitchin . . .	8	3	5	34	42	—	1	—*	—*
Welwyn Garden City . . .	81	69	199	151	419	5	2	21	11
Totals . . .	1,370	664	3,307	3,630	7,601	245	140	68	28

* Figures not known.

Welwyn Garden City.—There has been a tremendous increase in the number of new cases referred to this clinic which has necessitated an increase of sessions held each week.

Fortunately, children are being referred at a much earlier age, and much sooner after the onset of squint. However early this is, it is of great importance to waste no time by waiting either in the expectation of greater co-operation when the children are older or to see if they will grow out of it."

Miss Davie.

Watford.—"This year's work has again been affected by a full-time service not being restored as had been anticipated—this has shown itself in the fewer number of new cases that it has been possible to accept. There has unfortunately been a delay of 6–8 weeks between the surgeons referring the cases, and an appointment being received by the parents.

In view of all this, there has had to be great care taken over the selection of cases likely to benefit from Orthoptic Treatment, and a careful assessment of the right age at which to start treatment, that of course depending on the mental ability of the individual child—observation, and occlusion of the good eye, to preserve the visual acuity of the squinting eye, where necessary being carried out during the waiting period.

The long waiting list has made a quicker recognition necessary of those cases needing operation in addition to treatment, and in some cases even before treatment, this is to speed up the eventual cure.

Hemel Hempstead.—The preceding remarks also refer to this clinic, but here the work has been held up by an extremely long operation waiting list, due to the big influx of children into the area and no increase in the number of beds available."

Mrs. Wormald (Vale Drive Clinic, Barnet, and Elstree Way Clinic, Boreham Wood).

"Attendance throughout 1956 has on the whole been satisfactory, but is inclined to fluctuate during school holidays.

Several children of secondary school age with convergence insufficiency have been freed from symptoms of headaches and travel sickness after short courses of orthoptic treatment.

Parents of very young children are patient and co-operative during the long period of observation and occlusion necessary before treatment can be effective. The schools and teachers have also helped and their co-operation is appreciated."

SPEECH THERAPY.

There was little alteration in this service during the year. The staff showed no changes and the number of sessions was increased. The waiting list was somewhat long in the Barnet and St. Albans Divisions at the end of 1956, and some rearrangement of the programmes may become necessary.

The Table opposite shows details of the clinics with sessions and attendances.

Mr. Willmore, the Senior Therapist, has provided the following report on the work of the service :—

"Administration and clinical work at Speech Clinics throughout the County has been maintained at a satisfactory level.

A few changes have been made to provide for increased population in some areas, and a new therapist has been appointed to start in February, 1957, on a sessional basis in Stevenage. Waiting lists, in general, are small, but, on account of the prolonged treatment required in some cases, it is sometimes a few months before new cases can be admitted for treatment."

Speech Therapy Clinics.

Clinics	Sessions	Attendances	On books at 1st January, 1957		Waiting List of new cases on 1st January, 1957
			Under treatment	Under observation	
<i>North Herts.</i>					
Stevenage . . .	92	544	22	11	4
Hitchin . . .	47	340	11	10	1
Letchworth . . .	46	329	16	7	5
<i>St. Albans.</i>					
St. Albans (Wellington Court) . . .	230	1,628	51	15	18
St. Albans (New Green) . . .	85	424	15	2	—
Harpenden . . .	46	357	12	2	15
*Boreham Wood (First Aid Post) . . .	80	417	—	—	—
†Boreham Wood (Principal Health Centre) . . .	6	21	7	13	—
†Boreham Wood (Greenacres) . . .	6	31	10	5	—
Boreham Wood (Saffron Green Annexe) . . .	92	573	19	10	12
<i>Dacorum.</i>					
Hemel Hempstead . . .	44	273	14	10	6
Berkhamsted . . .	44	242	6	2	1
Adeyfield . . .	91	512	16	7	—
<i>Mid Herts.</i>					
Welwyn Garden City . . .	133	828	24	11	2
Hatfield . . .	88	425	27	5	2
<i>South-West Herts.</i>					
65 Queen's Road, Watford . . .	158	967	37	17	6
Harebreaks, Watford . . .	46	293	11	5	—
Oxhey . . .	180	964	28	17	2
Rickmansworth . . .	46	354	14	7	—
<i>South Herts.</i>					
High Barnet . . .	184	1,350	38	39	17
East Barnet (Church Farm) . . .	90	556	19	23	6
East Barnet (John Hampden Annexe) . . .	46	185	3	2	8
<i>East Herts.</i>					
Waltham Cross . . .	88	505	11	11	15
Hoddesdon . . .	46	170	9	8	—
Rye Park . . .	42	241	12	5	—
Broxbournebury School . . .	33	192	5	2	—
Ware . . .	45	188	8	2	1
Bishop's Stortford . . .	47	264	11	15	1
Hertford . . .	90	395	15	14	1
Buntingford . . .	45	147	7	1	—
	2,316	13,715	478	278	123

* Closed 3.11.56. † Opened 5.11.56.

TUBERCULOSIS.

Very few of the children who attend the Chest Clinics are referred there by the School Medical Staff. Most are sent by the Family doctors or are contacts of cases of tuberculosis already attending.

During 1956, 32 children of school age were notified as suffering from pulmonary and 15 from non-pulmonary tuberculosis compared with 26 and 17 respectively in 1955.

In addition 22 (17 with pulmonary and 5 with non-pulmonary tuberculosis) were notified as transfers into the County.

Five schools were visited by the Chest Physicians during the year because a teacher or a pupil in the schools had been notified as suffering from pulmonary tuberculosis.

Patch Testing.—The entrant testing scheme, started in Oxhey in 1955, continued throughout the year. The majority of the parents of these young children accepted the scheme with enthusiasm. Out of a total of 1,984 children, 1,823 were tested: 1,796 were negative and the 27 who were positive were visited by the Chest Clinic staff.

B.C.G. Vaccination.—The Ministries of Health and Education had recommended that all children in their thirteenth year who were negative to a skin test for tuberculosis should be offered the B.C.G. vaccine.

The Education Committee agreed that the work could be carried out in the schools. The scheme started in the Barnet and Mid Herts Divisions in the Summer of 1956.

Meetings were held with the Head Teachers of the Secondary schools and the Chest Physicians of the areas concerned. The teachers were extremely co-operative, and the Chest Physicians with their staff helped to carry out the injections. The parents were supplied with details of the scheme and the response was very good indeed, in one Girls' Grammar School almost every child of 13 years was tested.

In *Barnet* 509 were skin tested, 455 were negative and 441 were vaccinated.

In *Mid Herts* 512 were skin tested, 405 were negative and 399 were vaccinated.

The Chest Physicians offered the parents an X-ray of the chest of the children who were positive to the test, and most of them accepted this offer.

The rest of the County will come into the scheme during 1957.

OTHER MEDICAL EXAMINATIONS.

(1) Entrants to Teachers' Training Colleges.

The Local Education Authorities are required to arrange for the medical examination of (i) Training College candidates resident in their areas and (ii) persons entering the Authority's employment as teachers who had not taken a course under the Training of Teachers Regulations and had not passed a medical examination.

During 1956 the School Medical Officers examined 276 Training College candidates and 172 teachers in category (ii). A Chest X-ray of each teacher is compulsory. Training College candidates are advised to have a Chest X-ray before entering College. At the finish of their training they are also medically examined by the General Practitioner attending the Training College and again X-rayed.

(2) Employment of Children—Byelaws.

Children in employment out of school hours come within the scope of these Byelaws and are medically examined before starting work.

In 1956, 1,223 pupils were examined of whom seven were found to be unfit to undertake the employment proposed.

TREATMENT OF CHILDREN ATTENDING INDEPENDENT SCHOOLS.

Education Act, 1944—Section 78 (2).

As speech therapy and orthoptic treatment are not otherwise easily available in the County, the Education Committee have agreed to accept children from independent schools at their speech therapy and orthoptic clinics, subject to satisfactory financial arrangements with the individual independent schools.

During 1956, 17 children made 230 attendances at the speech therapy clinics and 17 children made 113 attendances at the orthoptic clinics under arrangements agreed with the proprietors of 26 independent schools.

SCHOOL DENTAL SERVICE.

The main feature of an annual report on the School Dental Service must, under existing conditions, inevitably focus upon the problem of staffing and the concomitant difficulties. While the report for the year under review is no exception, it does reveal steady and encouraging progress.

Nine dental surgeons took up duties as part-time officers, but eleven others left the Service, in most instances to devote more of their time to general practice. For the first time since 1954, it was possible to increase the number of whole-time officers. At the end of the year, two newly qualified young men joined the staff, but, unfortunately, for a few months only until they commenced their National Service. However, they do feel that the priority dental services offer interesting and worth-while careers, and they have expressed their intention to return to local authority work. At the close of 1956, there were twenty-eight dental officers, equivalent to thirteen in terms of whole-time. This is a slight increase over the corresponding figure for the previous year. 272 additional sessions were held during the twelve months compared with 1955: the total number of half-days devoted to dental inspection and treatment being 4,938—a figure approximating very closely to the highest ever attained, and recorded in 1947.

Satisfying as this may be, there is no ground for complacency while regular routine dental inspection and treatment is not available for every child. The persistent shortage of dental manpower causes widespread national concern and it is likely to be some time before any real improvement in the situation can be expected. The Committee set up by the Government in 1955, under the Chairmanship of Lord McNair, to ascertain the reasons for the lack of candidates for training as dental surgeons, reported in October last, and their findings do not give rise to optimism. It is stated that the true extent of the shortage has not yet made itself apparent. The loss to the profession during the next few years on account of retirement and death cannot be balanced by the number of new entrants. As the Report states: "The training takes over five years, so that the number of new dentists between now and 1961 has already been pre-determined by the entry to the dental schools during the last five years: a period during which the numbers dropped to their lowest." The Committee recommends an increase in the number of places at the dental schools, and an intensive propaganda campaign to bring to the notice of parents, teachers, and young people the possibilities of dentistry as a career. The best that can be anticipated, therefore, is a steady building up of dental manpower resources once the foreshadowed difficulties of the near future have been overcome.

The Dentists Act, 1956, became law in July last. The most far-reaching effect of this new legislation on the dental profession is the establishment of the General Dental Council, with a view to making the profession self-governing. As far as the local authority services are concerned, the most significant feature of the Act is the power which is given to the General Dental Council to make regulations establishing classes of ancillary dental workers. Certain restrictions are, however, placed on this general power. Ancillary workers will be permitted to carry out only some of the operations undertaken by registered dental

surgeons. Such a scheme will be experimental in order that the value to the community of the existence of a class of ancillary dental workers can be judged. The extent of supervision which will be laid down for these workers is not yet clearly defined. It is stated in the Act that they will be permitted to work "under the direction of a registered dentist" in connection with national and local authority health services. Elsewhere, they will be required to work "under the direct personal supervision of a registered dentist". The employment of ancillary workers could help to resolve some of the difficulties created by the staffing problems of the School Dental Service, and it is hoped that some relief in this connection may be afforded in the not too distant future.

The southern part of the County continues to be better served than the more northern part—a situation which tends to give rise to criticism. While it must be acknowledged that this is an unhappy state of affairs, it should be borne in mind that the service provided in southern Hertfordshire is not at the expense of the northern districts. The more populous areas bordering on London and Middlesex lend themselves to "firms" of dental surgeons practising within the National Health Service. It is from these sources that many of the part-time dental officers are drawn. These practitioners are willing to devote part of their time to the treatment of school children at nearby clinics and the remainder of their time to the general population in their own practices. In this way, a greater variety of work is obtained, and the inevitable strain of carrying out dental operations on very young people becomes less of an influencing factor.

A dental clinic was opened in January at the Woodhall School Health Annexe at South Oxhey and the demand for treatment has been overwhelming. This new centre has to a very great extent relieved the pressure on the Watford Clinics. Two other new clinics were opened during the year, both in the Boreham Wood district. The dental clinic at the Principal Health Centre replaced the very inadequate facilities at the First Aid Post, and the second clinic, opened in the Greenacres district, is serving the new schools in the vicinity. An offer of part-time assistance from a dental surgeon in the northern part of the County enabled the service to be restored at Hitchin, after a break of several years. This centre also serves many of the neighbouring villages, and it is gratifying to note, in particular, the appreciation shown by the parents in these outlying districts at "the return of the dentist". At the end of the year, dental treatment was available at twenty-seven centres.

Details relating to the amount of work carried out during the year are set out in Table V. More than 13,000 children, making over 36,000 attendances, received treatment at the Dental Clinics. Although there were 2,212 more attendances made than during the previous year, 3,355 fewer children actually received treatment. This apparent anomaly, reveals that a greater amount of time has had to be devoted to each patient—an inevitable result in a service where staffing difficulties have been so persistent for so long. The number of fillings per hundred cases treated was 184.9 as against 130.1 for the previous year. This phenomenal increase reflects mainly from the amount of conservation to permanent teeth. The number of extractions per hundred cases treated was 106.7—a substantial increase over the corresponding figure for last year of 72.6. The increase here is due mainly to the extraction of temporary teeth. The fact that the children have needed more extensive treatment is disappointing. It is a tribute to the dental staff, however, that, during a period of ever increasing demands, they have succeeded in keeping the emphasis on conservation work.

There was a slight increase in the percentage of "specials" treated, the figure for 1956 being 23.3 as compared with 21.0 for 1955. Many of these patients seek treatment on account of pain.

Prior to the introduction of the National Health Service in 1948, and the resultant staffing problems in the School Dental Service, it was usual for the dental officers to devote about one-tenth of their time to periodic school

inspections. This proportion has now fallen to one-twentieth. The basic essential of a preventive dental service is regular routine inspection at frequent intervals. It is to be deplored that the lack of staff has relegated this ideal to one of secondary importance and, by so doing, has brought to the fore the more pressing need for the relief of pain. The number of urgent cases would be considerably reduced if the Service could play its most important role and uphold the adage that "prevention is better than cure".

It may be recalled that Watford is one of the four areas selected by the Ministry of Health where studies are being made of the various aspects of the fluoridation of water supplies, as a means of controlling dental caries, before considering whether it should be generally adopted in this country. The Ministry have recently made available figures relating to a preliminary examination, carried out in 1955, of the teeth of nearly 2,000 Watford-born children, aged three to fifteen. At the age of five, fewer than 10 per cent of the children were free from caries and at the age of thirteen, only 2 per cent were free. Fluoridation of the water supply in Watford commenced in May, 1956. A further dental survey will be carried out in 1957.

Whatever may be the outcome of these studies in fluoridation, it cannot mitigate the effects brought about by the inadequate preventive dental service which, by force of circumstances, has been the inheritance of the younger generation. The hope is expressed that a comprehensive School Dental Service will soon have the opportunity to take its rightful place and make its full contribution towards the health of the school child.

HANDICAPPED CHILDREN.

Once again, it has been possible to provide for most of the children handicapped within the meaning of the definitions laid down in the Education Act, 1944.

The main event during the year was the opening of the Day School for the Educationally Subnormal at Garston, Watford. This School received its first pupils in October and should have its full complement of 160 in September, 1957. Built for this special purpose, it should prove of immense value in filling the educational gap for these children in the west and south-west of the County. There still remains the need to provide for the others in the north and east of Hertfordshire who do not require residential schooling and throughout the County for the higher grades who could find their level in "opportunity classes" in the ordinary schools.

Among the more important considerations which must influence the lives of the handicapped are the extent to which, firstly, they can be educated and, secondly, when school days are over can become ordinary members of the community. The second largely depends on the first.

The duty laid by the 1944 Act on the Education Authorities to ascertain the handicapped applies from birth onwards. The search to find and help these children starts therefore early in life, and the medical officers and nurses are instructed to supply information about all children they notice to be suffering from defects which may call for special education of any kind.

For many years the parents of the blind and the deaf have been offered residential accommodation and education for their children even before the age of five. There is a school of thought which considers that, if partially deaf children can be provided with treatment before speech develops, these children will develop more normally and be able to make a better use of the educational facilities available when they reach school age. With this in mind a child of only twelve months was supplied by this Authority with a special hearing aid at the request of a London Hospital and, in addition, attended weekly at an Audiology Clinic in London with its mother. Children with other types of handicap can likewise be given greater assistance in early life, particularly if their parents can manage to continue instruction at home during the period between hospital attendances.

In this connection, the group with cerebral palsy must be mentioned. Happily, during the past ten years, earlier recognition of their condition and earlier intensive treatment has been possible for them. Several small children from Hertfordshire attended regularly during 1956, at special Clinics in London and a number were admitted for treatment to the Alexandra Hospital at Luton.

However, their difficulties are so many and their rates of improvement so slow that only the more mildly affected can at the present time be educated in the ordinary schools.

In last year's Report, details were given of the findings of a survey carried out by the Health Visitors of those who had left Residential Special Schools during the previous five years. It was pleasant to record the large number of these young adults who were in steady employment in spite of the many and diverse handicaps.

For this year's Report, Mr. Gillett (the County Youth Employment Officer) has kindly supplied information on the work of his staff with handicapped school leavers during the year ending 30th September. Again can be seen the success with which young people can overcome their disabilities—particularly when, during the changing time from school to work, they have the guidance and advice of interested and knowledgeable helpers.

Of the 6,000 boys and girls who came to the Youth Employment Service during these twelve months, 86 had special physical and mental defects :—

Educational Subnormal	.	.	18	Rheumatic Fever	.	.	.	4
Crippled	.	.	12	Nervous Disorders	.	.	.	4
Severe visual defect	.	.	7	Maladjustment	.	.	.	5
Deafness	.	.	6	T.B. conditions	.	.	.	3
Asthma	.	.	5	Other conditions	.	.	.	18
Epilepsy	.	.	4					

There were 41 boys and 45 girls. Several had more than the one disability. Of the 86, over 70 were apparently satisfactorily placed.

Of the others, 3 were undergoing training, one in shorthand and typing, one in needlework, and one in operating an accounting machine. 8 (3 of the educationally subnormal, 2 of the epileptics, 2 with nervous disorders, and one crippled youth) had been either admitted to hospital, or were still at home after trying several types of employment. A few of these 86 young people took up work which was not thought by the officers to be suitable.

Mr. Gillett states in his own Annual Report "the young people themselves ask for a life not of secluded safety for the handicapped, but with an opportunity to prove their ability." However, he also says "the way for the handicapped young person is still, in many instances, hard and it is only by the co-operation of employers and their staff that all who are employable are at work."

One of his Divisional Officers remarks "all these cases were dealt with at a time when vacancies were plentiful, and I think this is reflected in the relative ease with which placings were effected. It will be very difficult to place equivalent cases this year unless their ability is unusually high in academic subjects."

This thought must always be present in the consideration of the problems of the handicapped. How necessary it therefore is to treat as early and as adequately as possible the physical or mental defect.

The Annual Return to the Ministry of Education shows the number of handicapped pupils in the various categories.

Sections A and B show the numbers newly placed in Special schools during 1956 and those newly assessed as in need of Special schooling. In Section C, the number of children in Special schools is shown, and in D, the number of

cases receiving home tuition either in their homes, in hospital or other special groups.

The waiting-list is analysed in Section E, and includes information on the number of children under 5 years of age already awaiting places in Special schools. Reference is also made to the numbers on the waiting-list over the age of 5, where parental consent has not been given.

A new paragraph—Section F—has been included in the 1956 Return, the numbers of children in hospital special schools.

Section G shows the number reported by the Local Education Authority to the Local Health Authority, as needing supervision after leaving school, or found incapable, by reason of mental defect, of benefiting from education.

Following the table, notes have been added on the different categories of handicapped pupils.

The Annual Return to the Ministry of Education was as follows :—

Handicapped Pupils requiring Education at Special Schools approved under Section 9 (5) of the Education Act, 1944, or Boarding in Boarding Homes.

Local Education Authority—Hertfordshire.

Notes.

(1) In Section A changes of Special School and short breaks may be ignored.

(2) In Section C (iii) should be included all pupils being boarded under Regulations 17–24 of the School Health Service and Handicapped Pupils Regulations, 1953, other than those already shown under Section C (i) or C (ii).

(3) Section E should give the total number of pupils requiring places in special schools including both those at present attending ordinary schools and those receiving home tuition. In addition authorities should state the numbers included in this total (i) who had not reached the age of 5 by 31st January, 1957, and (ii) who had reached the age of 5 but whose parents had refused their consent to the child's admission to a special school.

(4) In all Sections, Authorities should include pupils not belonging to the area of any Authority for whom they have secured, or are seeking, special school places, in addition to pupils belonging to their own area. They should *not* include pupils belonging to the area of another Authority.

(5) Pupils suffering from more than one handicap should be classified under the major handicap.

(6) Pupils in Special Classes in ordinary schools should *not* be included in this return (unless they are appropriately entered under Head E as awaiting places in special schools).

During the calendar year ended 31st December, 1956, how many handicapped pupils :	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physic- ally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)–(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. were <i>newly placed</i> in Special Schools or Boarding Homes (see Note (1))	4	6	2	2	29	9	100	25	3	180
B. were <i>newly assessed</i> as needing special educational treatment at Special Schools or in Boarding Homes	3	1	1	5	33	10	110	30	2	195

Note.— (i) Where appropriate, pupils should be included under both A and B.

(ii) B should *not* be restricted to those pupils for whom a certificate on Form 1 H.P. was issued, but should include all who were considered to need a place in a special school or boarding home.

On or about 31st January, 1957, how many handicapped pupils from the Authority's area :	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. (i) were on the registers of special schools as—										
(a) day pupils	—	3	2	6	—	10	153	—	—	174
(b) boarding pupils	20	22	31	22	37	37	169	48	12	398
(ii) were on the registers of independent schools under arrangements made by the Authority	—	1	13	5	6	11	6	48	—	90
(iii) were boarded in Homes and not already included under (i) or (ii) (see Note (2))	—	—	—	—	—	—	—	1	—	1
Total C	20	26	46	33	43	58	328	97	12	663
D. were being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	3	1	—	—	—	4
(ii) in other groups (e.g. units for spastics convalescent homes)	—	—	1	2	—	3	—	—	—	6
(iii) at home	—	—	—	1	5	20	10	7	1	44
E. were requiring places in special schools—										
(i) Total (a) day	—	1	—	—	—	—	37	—	—	38
(b) boarding	6	4	2	6	2	7	59	22	—	108
Please state how many pupils are included in the totals above—										
(ii) who had not reached the age of 5 :—										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	5	—	1	—	—	—	—	—	—	6
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school :—										
(a) awaiting day places	—	—	—	—	—	—	4	—	—	4
(b) awaiting boarding places	—	2	—	2	—	1	30	12	—	47
F. Were on the registers of Hospital Special Schools										32
G. During the calendar year ended 31st December, 1956, how many children were reported to the local health authority—										
(a) under Section 57 (3) (excluding any returned under (b))										51
(b) under Section 57 (3) relying on Section 57 (4)										—
(c) under Section 57 (5) of the Education Act, 1944.										19

Blind.—20 attending Special Schools ; 6 on waiting-list.

Blind pupils are ascertained at as early an age as possible. All new cases are first referred to the consultants at the Royal National Institute for the Blind and on their recommendation either remain at home until aged 5, or are admitted to Sunshine Homes, where the Local Education Authority is responsible for maintenance charges for children from the age of 2 years.

There are five children under 5 on the present waiting-list. Four have been seen by the R.N.I.B. consultants and it has been recommended that they should remain at home for the present : one child is awaiting an appointment with the screening panel of the R.N.I.B. Blindness in the sixth case on the waiting-list developed after the age of 5, and the child is awaiting interview by the Headmaster at Dorton House School.

Partially-Sighted.—26 attending Special Schools ; 5 on waiting-list.

One child has been accepted for admission to a day special school, and is due to start there at the beginning of the Spring term, 1957.

The remaining four children, though placed on the Partially-Sighted register by Ophthalmic Surgeons, are for the time being managing satisfactorily in the ordinary schools, but it is thought that they will eventually need to attend Special Schools.

It is usually possible to admit blind and partially-sighted children to Special Schools without undue delay, although the waiting time for the blind has increased over the past year. Children in Sunshine Homes transfer to Primary schools for the blind at the age of 7.

Deaf.—46 attending Special Schools ; 2 on waiting-list.

The two deaf children on the waiting list are also partially-sighted and one in addition suffers from cerebral palsy. Both have been under observation at Conover Hall Blind Assessment Unit of the Royal National Institute for the Blind.

The spastic child was admitted to Alexandra Hospital, Luton, where for the past year he has been receiving treatment as an in-patient in the Hospital School. He was discharged at the end of the Autumn term, and is now being considered for the L.C.C. School, Rayners, Penn, which caters for deaf children with multiple defects.

The other child has been recommended for admission to a Nursery School for Deaf Children.

Under Home Tuition arrangements, there is one child attending the Province of Natal Centre, London, for auditory training, and the Local Education Authority has recently assumed responsibility for the cost this training. This is the child mentioned earlier as having had a hearing aid at 12 months.

Partially-Deaf.—33 attending Special Schools ; 6 on waiting-list.

Five children are on the waiting-list for Tewin Water. In two cases the parents have withheld consent and the children are continuing at ordinary schools. It is hoped to admit the other three children to Tewin Water during 1957.

The remaining case shown on the waiting-list left Tewin Water at the end of the Autumn term and is being admitted shortly to a Training College for the Disabled.

Under the Home Tuition arrangements, two partially-deaf children have attended for auditory training at Tewin Water School, outside the ordinary school hours and a third child has teaching at home as she is not suitable for a special school.

Twenty-one children, supplied with hearing aids, are managing satisfactorily in ordinary schools.

During the year, the Local Education Authority authorized the supply of monopack aids to two children, following hospital recommendation that their needs could not be satisfactorily met by the ordinary Medresco aids provided under the National Health Service.

Epileptic.—12 attending Special Schools ; No waiting list.

The successful drug treatment of epileptics has considerably reduced the need for special schooling and many fewer cases are now recommended special educational treatment for this disability. New cases reported are usually placed with less than a term's delay.

As a result of the general position, the school at Chalfont Colony will be closing at the end of the Summer term and arrangements are being made for the pupils there to be transferred to the Special School at the Lingfield Colony for Epileptics. There are six Hertfordshire children at Chalfont at the present time.

One epileptic child continued to receive home tuition in 1956, as her combination of defects makes her unsuitable for any of the Special Schools.

Physically Handicapped.—58 attending Special Schools ; 7 on waiting-list.

In addition to physically-handicapped pupils in Special Schools, there were 32 children from Hertfordshire receiving education as in-patients in Orthopaedic

Hospital Schools. Of these, 15 children had been admitted to the hospitals through arrangements made by the Local Education Authority and the remaining 17 through the National Health Service.

Three of the seven on the waiting list have been promised vacancies at Easter, 1957 ; one girl who suffers from a severe heart condition and received home tuition, now aged 16, is awaiting a place in a training College for the disabled ; one boy, suffering from encephalo-myelitis, is at present remaining in a Hospital Special School, pending a vacancy at the Elmfield School, Harpenden ; one girl, a mild spastic, is still managing in the Secondary Modern school but has been accepted on a Special School waiting-list ; the seventh a girl, aged 6, who is a spastic, is still very dependent upon her parents and they are reluctant to agree to her admission to a boarding Special School at the present time.

At the end of 1956, there were 23 physically-handicapped pupils receiving education under arrangements made by the Authority otherwise than at school.

3 are spastics, and the Local Education Authority is responsible, under its home tuition arrangements, for their attendance at the Central Palsy Centre in London for special exercises and treatment. One of these children has lessons at home, one attends an ordinary school, and the third is under school age.

11 were so severely handicapped as to be quite unsuitable for any of the Special Schools.

1 child has teaching whilst receiving treatment in hospital, following severe burns sustained from an accident when playing with fireworks.

1 child is a spastic, in the care of another county, but boarded out in Hertfordshire, who has been provided with the services of a home teacher, for which the other Authority is financially responsible.

Of the remaining seven cases receiving home tuition, five are expected to return to ordinary schools in due course, and two are awaiting places in Special Schools.

111 physically-handicapped pupils have a modified curriculum in the ordinary schools, and of this number, 49 are also conveyed to school by special arrangements made by the Local Education Authority.

Speech Defects.—3 in Special Schools ; 2 on waiting list.

Moor House School for children suffering with speech defects has at present a waiting time for admission of up to a year. One child from Hertfordshire has been recommended for admission there. The other child awaiting special schooling is, in addition to being an aphasic, a border-line mental defective, and is being considered for home tuition, as there is no school for which he would be suitable.

Two children with speech defects received home tuition. One received this in addition to attending an ordinary school, while the other was on full time home tuition.

Delicate.—43 in Special Schools ; 2 on waiting list.

This category is largely composed of medical cases for whom a period in an Open-Air School has been recommended. Many are enabled to return to their ordinary schools after periods away varying from six months to a year ; a small percentage are found to require a longer stay.

There is seldom a delay of more than four to six weeks in obtaining vacancies in these schools, where the children receive both treatment and education.

There were also eight delicate pupils receiving home tuition. Three were long-stay hospital cases for whom teaching in hospital was recommended. The remaining five children were long-term medical cases being nursed at home, but who were able to benefit from regular instruction by the home teacher.

Educationally Sub-normal.—328 attending Special Schools ; 96 awaiting Special Schools.

The County Education Officer reports :—

“ The opening of the new day school for E.S.N. children at Garston Manor, Watford, has greatly improved the position throughout the County. The School opened in October, 1956, with 59 children, and in January, 1957, the numbers were increased to 110. By September, 1957, the full number of 160 will have been admitted. There should then be no waiting list for senior boys and a very short waiting list for junior boys and girls in the South-West, St. Albans, Dacorum, and Boreham Wood areas. Unfortunately children in North, East, and Mid Herts may still have to wait two years or more for a place at Broxbournebury and there are a number of senior boys, particularly in North Herts, who have been recommended for special education but whose parents cannot be persuaded to let them go away to boarding school. This position will not be greatly improved until the new day Special School, recently approved by the Education Committee, has been opened in Stevenage.”

Maladjusted.—97 attending Special Schools and Hostels ; 22 awaiting admission to Special Schools.

The County Education Officer reports :—

“ As more accommodation becomes available for maladjusted boys, the difficulty of making the right decision on the best placement for a child becomes more apparent. Intelligent, mildly maladjusted boys can be placed comparatively easily either in one of the schools organized primarily for boys of this type or in independent schools prepared to accept a few children with emotional difficulties. Schools such as Epping House and Boxmoor House, however, have to be prepared to accept boys of average or slightly below average intelligence who show their maladjustment in a variety of ways. The problems involved in dealing with boys of very different types and with very varied difficulties are only gradually being appreciated and will have to be considered carefully during the next few years by the schools, the Child Guidance Clinics, and by Education Authorities.”

RECUPERATIVE HOLIDAY HOMES.

During 1956, the arrangements for sending children to Recuperative Holiday Homes for convalescent periods up to three months were continued. 59 children were recommended for admission, and the following table shows details of conditions affecting them.

Debility and Malnutrition	.	.	.	.	33
Chest conditions	.	.	.	.	8
Nervous conditions	.	.	.	.	7
Ear, Nose, and Throat conditions	.	.	.	.	3
Other conditions	.	.	.	.	8
					<hr/>
					59
					<hr/>

The parents refused consent for one child to go. The remaining 58 children were all admitted to Homes during the year.

At these Homes children do not receive education and only short-term cases are dealt with in this way. Children requiring longer periods away from home are formally ascertained as handicapped pupils, and admitted to residential Special Schools.

Apart from the direct benefit to the child, it is also possible to bring relief, through the Holiday Home arrangements, to parents who have coped with a severely handicapped child in the home and require a short respite from this burden.

There are two Homes specializing in the short-term care of severely handicapped children, and during 1956 two children of school age were sent to them.

Of the other 56 children who went to Recuperative Holiday Homes, two were still away at the end of the year ; the remainder resumed attendance at the ordinary schools.

There is seldom a delay of more than a few weeks in securing admission to these Homes. The placing is undertaken by the Invalid Children's Aid Association, on behalf of the Local Education Authority. The Association maintains a close contact with the various Holiday Homes used and in this way, children are sent to the Home most suited to their needs. The Association also arranges for an escort to accompany the children on their journeys to and from the London termini to the Holiday Homes. Their assistance in dealing with these children has been found invaluable.

CHILD GUIDANCE SERVICE.

A full account of this service was given in the Report for 1955. It has remained centred in Hill End Hospital, St. Albans, with branch clinics in Watford, Oxhey, Barnet, Hoddesdon, Bishop's Stortford, Hitchin, and Welwyn Garden City.

The demands upon it continued at a very high level and the waiting time was unfortunately still long.

Mental ill health with its many manifestations at different stages of life is becoming the focus of much attention. The need for action early in childhood is becoming more and more evident. To promote a happy relationship between mother and child is one of the first steps in prevention.

The Child Development Clinic in Welwyn Garden City in the charge of Mrs. Baker, the senior Psychiatric Social Worker in the Service, is doing excellent work in this way with the mothers of young children. These children with certain feeding difficulties, behaviour problems, temper tantrums, or sleep disturbances are referred there by the Medical Officers and Nurses. The guidance given is so appreciated that it is hoped that this type of Service can be extended to elsewhere in the County during the coming year.

Much remains still to be done to guide and help in their early school years, the children who for one reason or another do not or cannot, because of "mixed up" mental processes, make full use of the possibilities of school life and mingle normally with their companions.

The Head Teachers bring forward to the Medical Officers the children who do not "fit in" and their detailed reports on these children prove of immense value to the Clinic staff. One wonders, however, whether some form of review of every child in its first year or two at school might not reveal degrees of mental disturbance somewhat earlier than is the case at present and permit greater ease of guidance and help. Perhaps some of the Head Teachers of the Infants' or Junior schools might wish to take part in an experiment of this kind.

The prevention of mental ill health, a field of study in which only a few seeds have yet been sown, does by virtue of the magnitude and importance of the problem warrant the expenditure of the necessary time and thought to achieve it.

Dr. Lucas, the Medical Director of the Child Guidance Service, stresses this point in her report of the work of that Service, which follows :—

" Dr. Dunlop's preface to the Annual Report on School Health of Hertfordshire for 1955 provides one with an excellent background and all quotations will be from that source.

The statistical summary on page 31 gives a hint of some important changes in the trend of our work. It shows that, in relation to 1955, there is an increase of almost 10 per cent in the number of current cases requiring full Child Guidance Service, yet this increase is almost entirely made up of cases brought

forward from the previous year as needing further investigation or treatment. At the same time, in spite of additional staff, the total number of interviews is seven less than in the previous year and, in particular, there is a decrease of 263 in psychiatric and psychotherapeutic interviews. For this, there are three main reasons :—

(1) An unprecedented increase in the demand for other services not listed in the summary. This will be discussed later.

(2) An equally unprecedented incidence among the staff of accidents, operations, and illnesses.

(3) The failure since the Summer of 1955 to fill the post of part-time Lay Psychotherapist, the salary offered bearing no relationship to the long, expensive, and exacting training necessary for this work.

With the addition of one full-time Psychologist, it seems appropriate to list in greater detail than formerly the work done with children referred solely for educational advice. In this category, 72 per cent more children were seen this year than in 1955. Moreover, the Psychologists are having more interviews with parents so that the latter can gain fuller understanding of their children's difficulties and can therefore cope with them more constructively. Often the child's educational disability can, with detailed advice from the Psychologist, be remedied by special help within the normal school system. In an increasing number of cases, the Psychologist, after an interval of some months, visits the school to estimate the child's progress. The teachers thus have the satisfaction of learning what degree of success has resulted from the special efforts which so many of them are making to help individual children.

“ Another important role of the School Health Service is the detection of children requiring special forms of education. Ideally, of course, these children should be known before they reach compulsory school age.” More of these pre-school children are known to the Clinic than our figures would suggest since, in cases of severe retardation, a child may not be capable of co-operating adequately in intelligence testing until the age of 5 or more, yet the degree of retardation can be assessed clinically with sufficient accuracy to advise on the date of entry to school and the type of education. Nevertheless, much more needs to be done, particularly in the first school years, if dull and/or retarded children are to have their difficulties detected early. We hope that Primary School teachers, in particular, will take advantage of the new direct method of referring children with educational problems so that these can be dealt with at an early stage and before confusion, inhibition of learning, sense of failure, and anxiety over parental disappointment have added to the child's problems.

“ A considerable part of this year's report is concerned with handicapped children . . . The cost of special schooling—and perhaps even more—the cost of supporting failures in after-life, justifies a special interest in this subject.” On page 26 of the 1955 Report, the number of handicapped pupils attending Special and Independent schools is given and it is noteworthy that the educationally subnormal, together with the maladjusted children, form more than 57 per cent of the total, while of the number of handicapped children still *requiring* special educational facilities, the E.S.N. and the maladjusted together form no less than 82 per cent of the total. It would appear, therefore, that the provision of adequate education for blind, partially sighted, deaf, partially deaf, delicate, physically handicapped, and epileptic children is now a minor problem compared with the requirements of the two distinct groups—educationally subnormal and maladjusted—with which this Clinic is particularly concerned. Moreover, we have every reason to believe that there are many children in both of these categories whose difficulties are as yet unrecognized. In other words, the problems of physical ill health and disability in children is now in large measure under control. The problems of dealing with intellectual disabilities and emotional ill health (which can produce equally costly “ failures in after-life ”) is only beginning.

The work of a Child Guidance Clinic, however, extends far beyond children requiring special education and includes children exhibiting any type of intellectual, educational, emotional, or behaviour problems.

In the actual practice of Clinic work, the diagnostic assessment of each child is made in relation to a group of diagnostic categories which are broadly :—

- (1) Developmental.
- (2) Reactive.
- (3) Individual.

Many children will show problems in each of the three main categories ; thus, a child may be of normal (average) intellectual status yet handicapped by being the one average person in a clever family, showing temperamental traits different from those of its parents (1) reacting by food fads, daydreaming, and poor concentration at school (2), while also suffering from nightmares and headaches (3).

When the diagnostic examination is completed, the child's symptoms, behaviour, conversation, and attainments, as found in the psychiatric interview and psychological test situation, are considered in relation to the detailed life history obtained by the Psychiatric Social Worker.

We are very well aware that, in this brief acquaintance (one psychiatric interview and one psychological test, each of about an hour's duration, plus the social history), we cannot know the child in all the complex aspects of his personality and relationships. We can do little more at this stage than decide that the child may profit by environmental adjustment and/or individual treatment, or that his condition is one for which we know no remedy.

Our knowledge would be even more limited were it not for the invaluable help given by the Head Teachers and the many officers of the Council who have the advantage of being able to observe children more or less continuously over long periods and under varying circumstances. These voluntarily send us frequent and detailed reports which add greatly to our understanding of the children under our care.

Most of the children whom we see are at school. A number are in the care of the County and in Children's Homes and foster-homes. Some are on probation. For almost all, the Health Service of the County has a responsibility. There are therefore many people, medical and lay, who are interested in and anxious to help the children whom we see.

This interest has increased enormously in the past few years and many members of the staff are spending several *more* hours per week on telephone inquiries and correspondence than was necessary even two years ago.

Dealing with these requests for information and advice forms the major part of the "other services" mentioned earlier and, while we regret the reduction of clinical work and the lengthening waiting lists, we feel that it is a privilege to assist other workers who are showing such understanding of and desire to help children. The fact must, however, be faced that a growing awareness of the many ways in which children can be helped or hindered in their development adds to one's feeling of responsibility. Unless this increased sense of responsibility is matched by confidence in one's knowledge and judgment, stresses are bound to arise. Indications of stress among many groups are becoming apparent, and advice on individual cases is an inadequate method of dealing with this problem.

"We can remain content to run a satisfactory routine service or we can decide to adventure more boldly into the preventive field in the hope that we may one day make the work of the Child Guidance Clinic both more effective and less in demand."

I know that I can speak for the Clinic staff in saying that, in relation to the demands made upon it, we no longer feel that we are running "a satisfactory routine service". At the same time, workers all over the County are exhibiting, as never before, a clamant desire for help in doing the preventive work which is so urgently needed.

“ Our Mental Health Service is approaching the dividing of the ways.” Since these words were written, the division has become wider. In our attempts to meet the demands for an advisory service to colleagues, as well as a clinical service for children, we are virtually being pulled along both roads at the same time. It may well be that the time has come for a shift of emphasis in the direction of a *preventive* mental health programme and a reconsideration of the functions of the Child Guidance Service.”

Summary of Child Guidance Clinic Cases, 1956.

Full Clinic Cases.

	0-5 yrs.	5-15 yrs.	15-18 yrs.	Over 18.	Total.
<i>No. of Current Cases during 1956</i>	67	1,282	11	10	1,370
New cases referred during 1956	34	587	8	—	629
Old cases referred again	—	69	1	—	70
Cases brought forward from 1955	33	626	2	10	671
<i>Total Number of Interviews</i>	354	8,399	50	—	8,803
Psychiatrists	100	3,187	31	—	3,318
Educational Psychologists	31	1,383	10	—	1,424
Psychiatric Social Workers	223	3,829	9	—	4,061
<i>After-Care Interviews during 1956.</i>	3	681	3	9	696
Psychiatrists	—	229	1	2	232
Psychologists	—	66	—	—	66
Psychiatric Social Workers	3	386	2	7	398

Educational Cases.

	Under 5 yrs.	5-15 yrs.	Total.
No. referred during 1956	32	554	586
No. examined during 1956	29	488	517
Total number of Interviews for intelligence and educational testing only			562
Follow-up interviews on individual children			240
Remedial teaching interviews			190
Parents interviewed on educational problems			250
Visits to Schools to discuss general problems			107

Child Development Clinic, Welwyn Garden City.

Number of interviews during 1956 (P.S.W.)	296
Total number of Lectures and Talks given during 1956	21
Number of Child Guidance Exhibitions during 1956	2

MILK IN SCHOOLS SCHEME.

The percentage of children drinking milk at school decreased slightly from 84·62 in 1955, to 83·10 in 1956. It was, however, higher than the percentage for 1954 (82·84). 431 County School Departments and 20 Nursery Schools are supplied with pasteurized milk; one County Council school in the north of the County has tuberculin tested milk.

Sampling.—The School Milk Sampling Scheme was continued during the year unchanged. The milk supplied by each individual dealer is sampled at least twice a term and the larger suppliers of milk to schools are sampled more frequently. The school which is supplied with raw tuberculin tested milk has samples for the Methylene Blue test taken and Biological samples are also obtained. The Methylene Blue reduction test is a check on keeping quality and the Biological examination is for the detection of tubercle bacilli.

Pasteurized milk samples are submitted both for the phosphatase test which is indicative of the efficiency of heat-treatment and the Methylene Blue reduction test for keeping quality. The following table shows the results of samples taken.

	No. of Samples	Phosphatase Test		Methylene Blue test	
		Pass	Fail	Pass	Fail
Pasteurized . .	314	310	4	298*	1
Tuberculin tested .	8	—	—	7	1
Totals . .	322	310	4	305	2

* 15 Samples not examined by Methylene Blue Test owing to the atmospheric temperature being higher than 65° F.

On the 1st September, 1956, Local Education Authorities assumed responsibility for supplying milk to pupils in non-maintained schools as well as maintained schools. School milk for independent schools is now included in the general sampling scheme. 142 private schools are supplied with pasteurized milk and four receive raw tuberculin tested milk. Most of the milk supplied to these schools is obtained through dealers already sampled under the existing scheme and there will be little increase in the number of samples. In the case of the four schools receiving raw tuberculin tested milk, arrangements will be made to obtain occasional biological samples.

All sample failures are investigated by either the County Council's Officers or, if the supply is from a dairy supervised by another Food and Drugs Authority, by the Officers of that Authority.

School Canteen Milk.—Canteen milk is included in the general school sampling scheme. This does not entail much extra work as many of the suppliers of canteen milk are regularly sampled under the milk in schools scheme. There are 320 school kitchens serving meals to all schools and nurseries. The following table shows the results of canteen milk sampling during the year.

	No. of samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . .	112	112	—	107*	—
Tuberculin Tested .	1	—	—	1	—
Total . .	113	112	—	108	—

* 5 samples were not examined by Methylene Blue Test owing to the atmospheric temperature being higher than 65° F.

There is one factor which may contribute to the greater number of Methylene Blue failures in "drinking" milk as opposed to canteen milk. Drinking milk is delivered in one-third pint bottles and these are some times left outside schools in the hot sun, where the contents become warm and the growth of souring organisms is encouraged. Canteen milk on the other hand is usually delivered in bulk and there is not the same tendency for temperatures to increase.

School Milk Bottles.—During the year several complaints were received from schools that foreign bodies had been found in school milk bottles. Each complaint was investigated and the matter taken up with the dairy concerned. It has become increasingly apparent that while the dairies are responsible for seeing that milk is put into clean bottles, their task is often made more difficult

by the fact that children sometimes push objects, such as straws, aluminium caps, plasticine, etc., into the empty bottles before they are returned to the dairy. Modern bottle washing equipment at dairies is designed to cleanse and sterilize bottles, but will not always dislodge objects which have been forced in.

As a result of the inquiries, an article was put in the *Schools Bulletin* asking Head Teachers to see that caps and straws are removed from the bottles before they are returned to the dairy. At the same time, dairies have been warned that they must carefully check all bottles before they are filled.

SCHOOL CANTEENS.

The new Food Hygiene Regulations, 1955, came into operation on the 1st January, 1956, and replaced Section 13 of the Food and Drugs Act, 1938. District Councils are responsible for seeing that the Regulations are complied with. By their routine visits to school canteens, Public Health Inspectors have helped in maintaining a high standard both from the structural as well as the food handling point of view. The new Regulations are more thorough than the provisions of Section 13, but it is not expected that County Council school canteens will fall far short of the standards required. At some old schools in the County a certain amount of work will be necessary, such as the provision of cupboard accommodation for clothing, separate hand-washing facilities, and impervious surfaces to tables, etc. There have been many instances during the year when Officers of the County Council have met District Council Officers and discussed compliance with the Regulations and agreement has usually been reached.

Public Health Inspectors are called in from time to time to give decisions on the fitness of foodstuffs.

Food Poisoning.—There was one outbreak of suspected food poisoning at a County Council school during the year but further investigation indicated that the illness was probably a virus infection and not attributable to any food consumed. Immediate action was taken to minimize the risk of contact spread through the enforcement of hand-washing before meals, together with a regular disinfection of closet seats and cistern handles.

SWIMMING BATHS.

Regular samples were taken during the season from those swimming baths used by County Council school children. A total of 377 samples were taken from the 31 baths approved for use in the County.

Of the 334 samples taken from the 24 baths using a continuous flow process of purification, there were eleven failures shared between four baths only. This gives a percentage of 3·20 failures. In nearly all cases the unsatisfactory samples were found to be due to lack of chlorine, either because insufficient attention had been given to the dosing apparatus, or owing to stocks of chlorine having temporarily run out. What is indeed remarkable is the fact that of the 43 samples taken from seven baths using the "fill and empty" process, all were satisfactory. This certainly supports what I have said in previous years that where supervision is thorough the "fill and empty" type of bath can give results which compare favourably with those baths using more modern methods of treatment. The human element comes into both methods of treatment and it must be stressed that even in the modern pool where chlorine dosing is more or less automatic it is still essential to see that the apparatus delivers sufficient chlorine to offset the bathing load at the time. A few hours of hot sunshine can result in a considerable increase in the number of bathers and unless immediate measures are taken to see that the amount of chlorine injected into the pool is stepped up accordingly, there may be a rapid falling-off in the bacteriological condition of the water.

STATISTICAL TABLES FOR THE WHOLE COUNTY

Medical Inspection and Treatment, 1956

School Population, 1956.

The average numbers of scholars on school rolls for year ended 31st July, 1956, were :—

Primary School children	.	.	.	70,553	<i>67,336</i>
Secondary School children	.	.	.	34,782	<i>30,896</i>
				<u>105,335</u>	<u><i>98,232</i></u>

The official return to the Ministry of Education for the year ended 31st December, 1956, was as follows :—

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

(This return refers to a complete calendar year)

A. PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and number of pupils examined in each :—

Primary entrants	.	.	.	.	.	.	10,925	<i>11,164</i>
Secondary entrants	.	.	.	.	.	.	9,522	<i>8,718</i>
Secondary leavers	.	.	.	.	.	.	7,220	<i>6,562</i>
Total	.	.	.	.	.	.	<u>27,667</u>	<u><i>26,444</i></u>
Additional periodic inspections	.	.	.	.	.	.	13,209	<i>14,786</i>
Grand Total	.	.	.	.	.	.	<u>40,876</u>	<u><i>41,230</i></u>

B. OTHER INSPECTIONS.

Number of special inspections	.	.	.	.	.	.	5,257	<i>4,904</i>
Number of re-inspections	.	.	.	.	.	.	31,581	<i>28,872</i>
Total	.	.	.	.	.	.	<u>36,838</u>	<u><i>33,776</i></u>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

(1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups inspected (1)	For defective vision (excluding squint) (2)		For any of the other conditions recorded in Table III (3)		Total individual pupils (4)
Primary entrants . . .	431	<i>420</i>	1,663	<i>1,836</i>	1,951 <i>2,098</i>
Secondary entrants . . .	954	<i>794</i>	1,419	<i>1,287</i>	2,156 <i>1,946</i>
Secondary leavers . . .	596	<i>443</i>	558	<i>575</i>	1,072 <i>953</i>
Total . . .	1,981	<i>1,657</i>	3,640	<i>3,698</i>	5,179 <i>4,997</i>
Additional periodic inspections .	1,006	<i>961</i>	1,749	<i>2,077</i>	2,514 <i>2,817</i>
Grand Total . . .	2,987	<i>2,618</i>	5,389	<i>5,775</i>	7,693 <i>7,814</i>

(1955 figures in italics.)

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups inspected (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Primary entrants	10,925	10,729	98.2	196	1.8
Secondary entrants	9,522	9,401	98.7	121	1.3
Secondary leavers	7,220	7,158	99.1	62	0.9
Additional periodic inspections .	13,209	13,015	98.5	194	1.5
Total	40,876	40,303	98.6	573	1.4

NOTE.—The figures in Column (2) should normally be the same as those detailed under Table I.A.

TABLE II
Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorized persons	181,493	194,380
(ii) Total number of <i>individual</i> pupils found to be infested	401	439
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	6	17
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—

NOTES :—All cases of infestation, however slight, should be recorded.
The number recorded at (ii), (iii), and (iv) above should relate to individual pupils and not to instances of infestation.

TABLE III
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1956.

NOTE :—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

A. PERIODIC INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)			
		Entrants		Leavers		Requiring treatment (7)		Requiring observation (8)	
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)				
4	Skin	156	99	124	57	659	592	370	325
5	Eyes—								
	(a) Vision	431	994	596	185	2,987*	2,618	2,109	1,896
	(b) Squint	241	148	26	9	581	541	296	234
	(c) Other	54	35	14	12	172	169	113	107
6	Ears—								
	(a) Hearing	16	118	12	19	68	93	354	272
	(b) Otitis Media	54	108	13	18	114	118	245	158
	(c) Other	18	23	6	4	52	61	68	52
7	Nose and throat	395	889	33	44	718	891	1,815	1,313
8	Speech	109	173	7	12	226	220	292	307
9	Lymphatic glands	72	315	2	11	120	150	589	389
10	Heart	23	152	9	57	63	97	451	379
11	Lungs	125	302	26	77	313	419	746	593
12	Developmental—								
	(a) Hernia	16	37	1	1	31	35	77	108
	(b) Other	53	176	10	30	153	154	543	488
13	Orthopædic—								
	(a) Posture	52	104	113	82	682	674	584	655
	(b) Feet	234	190	83	80	960	470	573	350
	(c) Other	171	302	69	91	542	978	837	846
14	Nervous system—								
	(a) Epilepsy	7	20	8	6	35	27	51	51
	(b) Other	8	47	11	15	75	75	164	156
15	Psychological—								
	(a) Development	19	130	28	73	164	105	524	470
	(b) Stability	34	208	12	36	177	195	648	509
16	Abdomen	24	32	8	11	62		118	
17	Other	35	53	17	39	134	260	321	378

* This figure should normally be the same as that shown as the grand total of Column (2) of Table I.C. ("For defective vision (excluding squint)").

(1955 figures in italics.)

Table III (Continued)

B. SPECIAL INSPECTIONS.

NOTE :—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No. (1)	Defect or Disease (2)	Special Inspections			
		Requiring treatment (3)		Requiring observation (4)	
4	Skin	1,174	966	5	15
5	Eyes—				
	(a) Vision	194	194	66	61
	(b) Squint	21	21	3	7
	(c) Other	41	58	11	8
6	Ears—				
	(a) Hearing	—	47	29	47
	(b) Otitis Media	11	20	5	3
	(c) Other	29	44	5	8
7	Nose and throat	61	30	35	34
8	Speech	85	72	15	18
9	Lymphatic glands	4	2	5	4
10	Heart	13	15	18	12
11	Lungs	32	31	19	17
12	Developmental—				
	(a) Hernia	—	—	—	1
	(b) Other	17	17	9	20
13	Orthopædic—				
	(a) Posture	17	10	4	10
	(b) Feet	36	37	7	12
	(c) Other	47	68	16	27
14	Nervous system—				
	(a) Epilepsy	11	5	1	9
	(b) Other	17	17	18	18
15	Psychological—				
	(a) Development	240	126	60	46
	(b) Stability	100	90	63	42
16	Abdomen	2	—	3	—
17	Other	786	806	195	274

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

NOTES :—In Groups 1, 2, and 3 treatment includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice (i.e. whether by periodic inspection, special inspection, or otherwise during the year in question or previously), or provided otherwise than by the Authority (i.e. known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

GROUP 1.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

	Number of cases known to have been dealt with			
	By the Authority		Otherwise	
External and other, excluding errors of refraction and squint	471	428	59	50
Errors of refraction (including squint).	8,487	8,275	479	437
Total	8,958	8,703	538	487
No. of pupils for whom spectacles were prescribed	3,777	3,585	66	56

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases known to have been treated			
	By the Authority		Otherwise	
Received operative treatment—				
(a) for diseases of the ear	—	—	44	41
(b) for adenoids and chronic tonsillitis	—	—	816	970
(c) for other nose and throat conditions	—	—	52	40
Received other forms of treatment	106	165	156	261
Total	106	165	1,068	1,312
Total number of pupils in schools who are known to have been provided with hearing aids—				
*(a) in 1956	3		7	
(b) in previous years	1		107	

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

GROUP 3.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	By the Authority		Otherwise	
Number of pupils known to have been treated at clinics or out-patient departments	—	—	261	245

GROUP 4.—DISEASES OF THE SKIN.

(Excluding uncleanliness for which see Table II.)

	Number of cases treated or under treatment during the year by the Authority	
Ringworm—		
(i) Scalp	1	2
(ii) Body	6	3
Scabies	1	2
Impetigo	126	122
Other skin diseases	1,483	1,202
Total	1,617	1,331

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	1,360	1,233
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GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,090	1,021
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(1955 figures in italics.)

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated or under treatment during the year by the Authority	
(a) Number of cases of miscellaneous minor ailments treated by the Authority	2,345	2,283
(b) Pupils who received convalescent treatment under School Health Service arrangements	58	78
(c) Pupils who received B.C.G. vaccination	844	—

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) At Periodic Inspections	33,980	32,351
(b) As Specials	4,105	4,680
Total (1)	38,085	37,031
(2) Number found to require treatment	24,255	24,219
(3) Number offered treatment	23,822	23,066
(4) Number actually treated	13,106	16,461
(5) Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11(h) overleaf	36,405	34,193
(6) Half-days devoted to : Periodic (School) Inspection	240	228
Treatment	4,698	4,438
Total (6)	4,938	4,666
(7) Fillings : Permanent Teeth	18,024	15,343
Temporary Teeth	6,209	6,087
Total (7)	24,233	21,430
(8) Number of teeth filled : Permanent Teeth	15,843	13,422
Temporary Teeth	5,745	5,748
Total (8)	21,588	19,170
(9) Extractions : Permanent Teeth	2,638	1,991
Temporary Teeth	11,354	9,960
Total (9)	13,992	11,951
(10) Administration of general anæsthetics for extraction	6,146	5,853
(11) Orthodontics—		
(a) Cases commenced during the year	229	
(b) Cases carried forward from previous year	609	
(c) Cases completed during the year	180	
(d) Cases discontinued during the year	61	
(e) Pupils treated with appliances	800	
(f) Removable appliances fitted	483	
(g) Fixed appliances fitted	20	
(h) Total attendances	4,414	
(12) Number of pupils supplied with artificial dentures	61	
(13) Other operations : Permanent Teeth	6,001	7,013
Temporary Teeth	4,909	5,738
Total (13)	10,910	12,751

(1955 figures in italics.)

APPENDIX

CLINIC SERVICES.

(April, 1957.)

NORTH HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Baldock—Medical Room, Senior School	Monday, Wednesday, Friday, 9.30 a.m.	Wednesday, 9.30 a.m. Dr. S. Moynihan.
Letchworth—Howard Hall, Norton Way.	Monday, Wednesday, Friday, 9–10 a.m.	Wednesday, 10.30–12. Dr. S. Moynihan.
Stevenage—27 High Street . . .		Children to see Dr. to attend I.W.C. on alternate Tuesdays.

(b) *Ophthalmic.*

Hitchin—The Maples, Bedford Road .	Thursday, a.m.	Dr. R. G. Hodder.
Stevenage—27 High Street . . .	Friday, a.m.	Dr. R. G. Hodder.

(c) *Orthoptic.*

Hitchin—The Maples, Bedford Road .	Wednesday, a.m., p.m. Thursday, a.m., p.m.	Miss J. Kelly.
Stevenage—Peartree Spring . . .	Friday, a.m., p.m.	Miss J. Kelly.

(d) *Speech.*

Hitchin—The Maples, Bedford Road .	Wednesday, a.m.	Miss D. Robinson.
Letchworth—Howard Hall, Norton Way.	Monday, a.m., p.m.	Miss D. Robinson.
Stevenage—Peartree Spring . . .	Thursday, p.m.	Miss D. Robinson.
Stevenage—27 High Street . . .	Thursday, a.m., p.m.	Mrs. M. Evesham.

(e) *Child Guidance.*

Hitchin—The Maples, Bedford Road .	Tuesday, a.m., pm. do. am., p.m. do. a.m., p.m., once monthly.	Mrs. Barker. Dr. Rappaport Dr. R. Vacher.
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(f) *Dental Clinics.*

Baldock—Pinnocks Lane . . .	Monday, a.m., p.m. Tuesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m. alter.	
Hitchin—The Maples, Bedford Road .	Monday, a.m., p.m. Tuesday, a.m. alter. Wednesday, a.m., p.m. Thursday, a.m.	
Letchworth—Howard Hall, Norton Way.	Tuesday, monthly, a.m. (Orthodontic.)	
Stevenage—Barclay M. School, Walkern Road.	Tuesday, monthly, a.m. (Orthodontic).	
Stevenage—Peartree Spring Health Centre.	Tuesday, a.m., p.m. Wednesday, a.m., p.m. Friday, a.m., p.m.	

EAST HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Bishop's Stortford—Nurses' Home, Portland Road.	Daily, 9–9.30 a.m.	2nd and 4th Fridays, 9.30–12 noon. Dr. Jones.
Hertford—Welfare Centre, Bull Plain .	Daily, 9–9.30 a.m.	Monday, 2–2.30 p.m. Dr. J. Crawley.
Hoddesdon—F.A.P., Council Offices .	Daily, 9–9.30 a.m.	1st Monday, 9.30–12 noon. Dr. Jones.
Ware—87 High Street . . .	Daily, 9–9.30 a.m.	Monday, 9.30–12 noon. Dr. L. Karpati.
Waltham Cross—Welfare Centre, High Street.	Daily, 9–9.30 a.m.	2nd and 4th Wednes- day, 9.30–12 noon. Dr. L. Karpati.

		<i>Open.</i>	<i>In Attendance.</i>
<i>(b) Ophthalmic.</i>			
Hertford—National Eye Service, Parliament Square.		Monday and Wednesday, a.m.	Dr. G. W. May.
Bishop's Stortford—Herts & Essex Hospital.		Monday, p.m.	Dr. G. W. May
Buntingford—Bridgefoot House	.	Tuesday, a.m., monthly.	Dr. G. W. May.
Waltham Cross—Welfare Centre, High Street.		Friday, a.m.	Dr. G. W. May.
<i>(c) Orthoptic.</i>			
Waltham Cross—Welfare Centre, High Street.		Tuesday, a.m., p.m.	Mrs. G. H. Boardman.
Ware—87 High Street	.	Thursday, a.m., p.m.	
	.	Monday, a.m., p.m.	
	.	Wednesday, a.m., p.m.	
<i>(d) Speech.</i>			
Bishop's Stortford—Nurses' Home, Portland Road.		Wednesday, a.m., p.m.	Mrs. N. M. Smits.
Broxbournebury School	.	Friday, p.m.	Mrs. N. M. Smits.
Buntingford—Bridgefoot House	.	Thursday, a.m.	Mrs. N. M. Smits.
Hertford—Welfare Centre, Bull Plain	.	Tuesday, a.m., p.m.	Mrs. N. M. Smits.
Hoddesdon—F.A.P., Council Offices	.	Friday, a.m.	Mrs. N. M. Smits.
Rye Park—Infants' School	.	Monday, p.m.	Mrs. N. M. Smits.
Waltham Cross—Welfare Centre, High Street.		Friday, a.m., p.m.	Temporarily closed.
Ware—87 High Street	.	Thursday, p.m.	Mrs. N. M. Smits.
<i>(e) Child Guidance.</i>			
Bishop's Stortford, Nurse's Home, Portland Road.		Tuesday, a.m., p.m.	Dr. Roper.
Hoddesdon—F.A.P., Council Offices	.	Thursday, a.m., p.m.	Dr. Vacher, Mrs. Oppenheimer.
<i>(f) Dental.</i>			
Bishop's Stortford—25a Portland Road		Monday, alternate, a.m. (Orthodontic).	
Hertford—27 Bull Plain	.	Monday, a.m., alternate.	
		Tuesday, a.m., p.m.	
		Wednesday, a.m.	
		Friday, a.m., p.m.	
		Saturday, a.m., alternate.	
Hoddesdon—F.A.P., Council Offices	.	Monday, a.m.	
		Tuesday, a.m.	
		Thursday, a.m., p.m.	
		Friday, a.m., p.m.	
		Saturday, a.m.	
Much Hadham—The Village Hut	.	Wednesday, 2nd, 3rd, 4th, p.m.	
Waltham Cross—Welfare Centre, High Street.		Monday, p.m.	
		Tuesday, a.m., p.m.	
		Wednesday, a.m., p.m.	
		Thursday, a.m., p.m.	
		Friday, a.m., p.m.	

SOUTH HERTFORDSHIRE DIVISION.

<i>(a) Minor Ailments.</i>			
		<i>Open.</i>	<i>In Attendance.</i>
Barnet—Vale Drive	.	Daily, 9–9.30 a.m.	2nd and 4th Mondays, 9.30–11.30 a.m. Dr. H. E. Ormiston.
East Barnet—151 East Barnet Road	.	Daily, 9–9.30 a.m.	2nd and 4th Friday, 9.30 a.m. Dr. H. E. Ormiston.
<i>(b) Ophthalmic.</i>			
Barnet—Vale Drive	.	Wednesday, a.m.	Dr. K. Matthews.
East Barnet—Church Farm, Burlington Rise.		Fridays, a.m.	Dr. R. M. Thornton.

<i>(c) Orthoptic.</i>	<i>Open.</i>	<i>In Attendance.</i>
East Barnet—Church Farm, Burlington Rise.	Friday, a.m.,	Miss G. Solomon.
Barnet—Vale Drive	Wednesday, a.m., p.m.	Mrs. F. Wormald.
<i>(d) Speech.</i>		
Barnet—F.A.P., Vale Drive	Wednesday, a.m., p.m., Friday, a.m., p.m.	Miss G. M. Farmer.
East Barnet—Church Farm, Burlington Rise.	Tuesday, a.m., p.m.	Miss G. M. Farmer.
East Barnet—John Hampden School .	Monday, a.m.	Miss G. M. Farmer.
<i>(e) Child Guidance.</i>		
Barnet—F.A.P., Vale Drive	Thursday, a.m., p.m.	Dr. Mannheim, Dr. Stroh, Mrs. Whitehead.
<i>(f) Dental.</i>		
East Barnet—149 East Barnet Road .	Tuesday, a.m., p.m. Wednesday, a.m., alternate. Friday, p.m.	
East Barnet—Church Farm, Burlington Rise.	Thursday, a.m., p.m.	
High Barnet—F.A.P., Vale Drive .	Monday, a.m. Tuesday, a.m., all, p.m. alternate. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m., alter.	

DACORUM DIVISION.

		<i>Open.</i>	<i>In Attendance.</i>
(a) <i>Minor Ailments.</i>			
Berkhamsted—The Hut, Council Offices	Examination by	appointment only.	
Tring—Church Room, Akeman Street .	do.		
(b) <i>Ophthalmic.</i>			
Berkhamsted—The Hut, Council Offices	Saturday, a.m., as re-	Dr. N. W. Gardener.	
	quired.		
Hemel Hempstead—Churchill, Park Road.	Friday, a.m.	Dr. N. W. Gardener.	
(c) <i>Orthoptic.</i>			
Hemel Hempstead—Churchill, Park Road.	Monday, a.m., p.m.	Mrs. B. Bellerby.	
	Wednesday, a.m., p.m.	Mrs. B. Bellerby.	
	Tuesday, a.m., p.m.	Miss J. Davie.	
(d) <i>Speech.</i>			
Berkhamsted—The Hut, Council Offices	Friday, a.m.	Mr. L. Willmore.	
Hemel Hempstead—Churchill, Park Road.	Friday, p.m.	Mr. L. Willmore.	
Hemel Hempstead—Adeyfield Hall .	Thursday, a.m., p.m.	Miss V. M. Cook.	
(e) <i>Dental.</i>			
Berkhamsted—The Hut, Council Offices	Monday, a.m.		
	Wednesday, p.m.		
	Thursday, a.m.		
Hemel Hempstead—Churchill, Park Road.	Monday, a.m., p.m.		
	Tuesday, a.m.		
	Wednesday, p.m.		
	Friday, a.m., p.m.		

MID HERTFORDSHIRE (WELWYN) DIVISION.

(a) Minor Ailments.		Open	In Attendance
Hatfield—Kennelwood, French Horn Lane.	Daily.	2nd Tuesday, 9.30–10.15 a.m.	Dr. J. Orr.
Welwyn Garden City—Gooseacre	Daily, 9 a.m.	Monday, 9.30 a.m.	Dr. E. Jennings.

		<i>Open.</i>	<i>In Attendance.</i>
<i>(b) Ophthalmic.</i>			
Hatfield—Kennelwood, French Horn Lane.		Monday, a.m.	Dr. G. Ensor.
Welwyn Garden City—Gooseacre	.	Wednesday, a.m.	Dr. A. Garratt.
<i>(c) Orthoptic.</i>			
Hatfield—Kennelwood, French Horn Lane.		Tuesday, a.m., p.m.	Mrs. B. Bellerby.
Welwyn Garden City—Gooseacre	.	Monday, a.m., p.m. Tuesday, a.m., p.m.	Miss J. Kelly. Miss J. Kelly.
<i>(d) Speech.</i>			
Hatfield—Kennelwood, French Horn Lane.		Tuesday, p.m. Wednesday, p.m.	Miss D. Robinson.
Welwyn Garden City—Gooseacre	.	Tuesday, a.m. Friday, a.m.	Miss D. Robinson.
Tewin Water School	.	Friday, p.m.	Miss D. Robinson.
<i>(e) Child Guidance.</i>			
Welwyn Garden City—Gooseacre	.	Tuesday, a.m., p.m., once monthly. Wednesday, a.m., p.m.	Dr. Vacher. Dr. A. Woodmansey.
<i>(f) Dental.</i>			
Welwyn Garden City—Gooseacre Health Centre.		2nd and 4th Tuesdays, a.m., p.m. Wednesday, p.m.	
Welwyn—Welfare Centre, Bloomfield Road.		Thursday, a.m., alter. 1st, 3rd, and 5th Tuesdays, a.m., p.m.	

ST. ALBANS DIVISION.

		<i>Open.</i>	<i>In Attendance.</i>
<i>(a) Minor Ailments.</i>			
Harpenden—40 Luton Road	.	Wednesday, 9–11 a.m.	Wednesday, 9.30–11 a.m. Dr. R. S. Cooper.
London Colney—C.C. Junior School, Alexander Road.		2nd and 4th Fridays, 9.30–12 noon.	2nd and 4th Fridays, 9.30–12 noon. Dr. J. A. Stevenson.
St. Albans—Wellington Court, Bricket Road.		Monday, 9–12 noon.	Monday, 9.30 a.m.–12 noon. Dr. J. Tottle.
Boreham Wood—Principal Health Centre.		Friday, 9.30–12 noon.	Friday, 9.30–12 noon. Dr. M. E. Watkins.
<i>(b) Ophthalmic.</i>			
Boreham Wood—Principal Health Centre		Tuesday, a.m.	Dr. K. Matthews.
Harpenden—40 Luton Road	.	1st and 3rd Mondays, a.m.	Dr. R. G. Hodder.
St. Albans—Wellington Court, Bricket Road.		Monday, p.m. Thursday, a.m. Friday, a.m.	Dr. R. G. Hodder. Dr. A. Garratt. Dr. A. Garratt.
<i>(c) Orthoptic.</i>			
St. Albans—Wellington Court, Bricket Road.		Thursday, a.m., p.m. Friday, a.m., p.m.	Mrs. B. Bellerby. Mrs. B. Bellerby.
Boreham Wood—Principal Health Centre.		Tuesday, a.m., p.m.	Mrs. F. Wormald.
<i>(d) Speech.</i>			
Boreham Wood—Principal Health Centre.		Wednesday, a.m.	Miss V. Cook.
Boreham Wood—Greenacres Health Centre.		Wednesday, p.m.	Miss V. Cook.
Boreham Wood—Saffron Green Health Centre.		Thursday, a.m., p.m.	Miss G. M. Farmer.
Harpenden—40 Luton Road	.	Wednesday, a.m., p.m.	} Temporarily closed.
St. Albans—Wellington Court, Bricket Road.		Monday, p.m. Tuesday, a.m., p.m. Thursday, p.m.	
St. Albans—Margaret Wix Health Centre.		Monday, a.m. Thursday, a.m.	

(e) *Child Guidance.*

Child Guidance Clinics held at Hill End Hospital, St. Albans.

<i>When held.</i>	<i>In Attendance.</i>	<i>When held.</i>	<i>In Attendance.</i>
Monday, a.m.	{ Dr. Lucas. Dr. Stroh. Mrs. Barker. Miss Sandy. Mrs. Whitehead.	p.m.	{ Dr. Lucas. Dr. Stroh. Miss Sandy.
Tuesday, a.m.	{ Dr. Vacher, once monthly. Dr. Stroh. Dr. Mannheim.	p.m.	{ Dr. Vacher, once monthly. Dr. Stroh.
Wednesday, a.m.	{ Dr. Doyle. Dr. Vacher. Dr. Stroh.	p.m.	{ Dr. Doyle. Dr. Stroh.
Thursday, a.m.	{ Dr. Lucas. Dr. Pritchard.	p.m.	{ Dr. Lucas. Dr. Rappaport.
Friday, a.m.	{ Dr. Lucas. Dr. Vacher. Dr. Stroh. Mrs. Barker.	p.m.	{ Dr. Vacher. Dr. Stroh.

(f) *Dental.*

Boreham Wood—Principal Health Centre.	Monday, a.m., p.m. Tuesday, a.m. Friday, a.m.
Boreham Wood—Saffron Green Health Centre.	Monday, a.m. Thursday, a.m. Friday, p.m.
Boreham Wood—Greenacres Health Centre.	Friday, a.m., p.m. Saturday, a.m.
St. Albans—Wellington Court, Bricket Road.	Monday, a.m., p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m. alternate.
St. Albans—Margaret Wix Health Centre.	Tuesday, a.m., 2nd and 4th. Wednesday, a.m., 1st and 3rd. Thursday, p.m. Friday, a.m., p.m. Saturday, a.m., alternate.
Harpenden—National Children's Home	Monday, a.m.
Harpenden—40 Luton Road . . .	Monday, p.m. Thursday, a.m., p.m.

SOUTH-WEST HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Bushey—Congregational Hall . . .	Monday, Wednesday, Friday, 9–10 a.m.	2nd Monday, 9.30–12 noon. Dr. N. Mac-Rae.
Croxley Green—Malvern Way School .	Monday, Wednesday, and Friday, 9–10 a.m.	1st Monday, 9.30–12 noon. Dr. B. Colman.
Rickmansworth—Shepherds J.M. School, Shepherds Lane, Mill End.	Monday, Wednesday, Friday, 9–10 a.m.	2nd Monday, 9.20–12 noon. Dr. B. Colman.
Watford—65 Queen's Road . . .	Daily, 9–10 a.m.	Monday and Friday, 9.30–12 noon. Dr. R. M. Allinson.
Oxhey—Oxhey Place . . .	Monday, Wednesday, Friday, 9–10 a.m.	Monday, 9.30–12 noon. Dr. F. Barasi.

(b) *Ophthalmic.*

Watford—65 Queen's Road . . .	Monday, p.m. Friday, a.m. Tuesday, p.m. 2nd and 4th Wednesday, a.m.	Dr. N. Gardener. Dr. R. S. Brewerton. Dr. R. S. Brewerton. Dr. R. S. Brewerton.
Rickmansworth—The Bury . . .	1st and 3rd Wednesday, a.m.	Dr. R. S. Brewerton.

		<i>Open.</i>		<i>In Attendance.</i>
<i>(c) Orthoptic.</i>				
Watford—65 Queen's Road	.	.	Daily, except Tuesday	Miss J. Davie.
<i>(d) Speech.</i>				
Rickmansworth—The Bury	.	.	Tuesday, a.m.	Mrs. V. Tait.
Watford—65 Queen's Road	.	.	Monday, a.m., p.m.	
			Tuesday, a.m., p.m.	Mr. L. Willmore.
Watford—Harebreaks	.	.	Friday, p.m.	Miss V. Cook.
Oxhey—Oxhey Place	.	.	Monday, a.m., p.m.	Miss V. Cook.
			Tuesday, a.m., p.m.	
Garston Manor School	.	.	Friday, a.m.	Miss V. Cook.
<i>(e) Child Guidance.</i>				
Watford—The Hut, 1 St. Albans Road.			Tuesday, a.m.	Mrs. Whitehead.
			Tuesday, p.m.	{ Dr. Pritchard.
			Tuesday, a.m., p.m.	{ Mrs. Whitehead.
				Dr. Vacher, once monthly.
			Wednesday, a.m., p.m.	{ Dr. Mannheim.
			Friday, a.m., p.m.	{ Miss Sandy.
				Dr. Doyle.
<i>(f) Dental.</i>				
Oxhey—Woodhall Health Centre	.	.	Friday, a.m., p.m.	
			Saturday, a.m.	
Rickmansworth—The Bury	.	.	Monday, a.m., p.m.	
			Tuesday, a.m. (1st, 3rd, 5th), p.m., all.	
			Wednesday, a.m. (2nd, 4th, 5th), p.m., all.	
			Thursday, a.m.	
Watford—The Avenue	.	.	Monday, a.m., p.m.	
			Thursday, p.m. (2nd, 3rd, 4th).	
			Friday, a.m.	
Watford—65 Queen's Road	.	.	Monday, a.m., p.m.	
			Tuesday, a.m., all, p.m. (alternate).	
			Thursday, a.m., p.m.	
			Friday, a.m., p.m.	

